



THE SIGNIFICANCE OF TRIFLES

THE STORY is told of a young grocery clerk who, during the course of the day's business, inadvertently overcharged one of his customers a quarter shilling. Late that night, after the store had closed, he journeyed to the home of the customer to return the money and make apology for the blunder.

To this young man it was not a matter of six insignificant pennies but one of integrity. Absolute integrity is a rare enough virtue to make those who possess it truly great. Withal, it implies a singleness of purpose which consistently leads men to strive for perfection in all they undertake.

Seeking perfection of product is an obsession with Eli Lilly and Company. No item is too insignificant, no operation too trifling, to deserve careful consideration. Possibilities for improvement are constantly investigated. Careful attention to minute detail is part and parcel of the daily job. A "Lilly" specification on your prescriptions guarantees quality unsurpassed.

ELI LILLY AND COMPANY (CANADA) LIMITED • TORONTO, ONTARIO

In cases of Fever
DEXTROSOL
Can be your Valuable Ally

Dextrosol is Pure Dextrose (D-Glucose) in easily assimilable powder form. It is the sugar of the blood, a fuel for the body, and a most important source of muscular energy.

PYREXIA

In cases of Pyrexia (Fever—probably of defensive character) many functions of the body are disturbed. The increased demand for food is usually accompanied by loss of appetite. To maintain body heat body tissues are consumed.

One of the great advances of modern medicine has been the use of carbohydrates and Vitamin C to supply the necessary calories in easily assimilable form and the conservation of the tissues of the body.

Thirst is induced by the fever and this may be allayed by large quantities of fruit juices (Vitamin C) containing as much Dextrosol (Pure Dextrose) as is required to supply the needed calories and protect the liver from toxins.

Dextrosol is produced in Canada under the most exacting of hygienic conditions. It is conveniently packed in sanitary containers of 1 and 5 lbs. content.



DEXTROSOL

PURE DEXTROSE

Conforms to the standards of the British Pharmaceutical Codex and U. S. Pharmacopoeia.

Manufactured by The Canada Starch Co., Limited,
 Montreal and Toronto.

Sole Distributors

**THE LEEMING MILES COMPANY,
 MONTREAL**

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association

EXECUTIVE OFFICERS

Honorary President:

THE HONOURABLE IAN MACKENZIE
 Minister of Pensions and National Health, Ottawa

Honorary Vice-President:

HERBERT G. WRIGHT
 Halifax, N.S.

President:

GEO. F. STEPHENS, M.D.
 Superintendent, Royal Victoria Hospital, Montreal

First Vice-President:

A. F. ANDERSON, M.D.
 Superintendent, Royal Alexandra Hospital, Edmonton

Second Vice-President:

REV. MOTHER ALLAIRE
 Montreal, Que.

Executive:

A. K. HAYWOOD, M.D.
 Superintendent, Vancouver General Hospital

J. A. McMILLAN, M.D.
 Charlottetown

R. FRASER ARMSTRONG, B.Sc.
 Superintendent, Kingston General Hospital

Secretary-Treasurer:

HARVEY AGNEW, M.D.
 Secretary, Department of Hospital Service, The Canadian Medical Association, 184 College St., Toronto

EDITORIAL BOARD

HARVEY AGNEW, M.D., Toronto, Editor

R. FRASER ARMSTRONG, B.Sc.
 Superintendent, Kingston General Hospital

MISS PRISCILLA CAMPBELL
 Superintendent, Public General Hospital, Chatham, Ont.

BRUCE CHOWN, M.D.
 The Children's Hospital of Winnipeg

A. K. HAYWOOD, M.D.
 Superintendent, Vancouver General Hospital

S. R. D. HEWITT, M.D.
 Saint John, N.B.

R. LAPORTE, Esq.
 Superintendent, Hospital Notre-Dame, Montreal

MISS A. J. MacMASTER, R.N.
 Superintendent, Moncton Hospital

PUBLICATION COMMITTEE

A. J. SWANSON, Chairman
 Superintendent, The Toronto Western Hospital

J. H. W. BOWER
 Superintendent, Hospital for Sick Children, Toronto

GEO. A. MacINTOSH, M.D.
 Superintendent, Victoria General Hospital, Halifax

F. W. L. JUDGE
 Business Manager, Winnipeg General Hospital, Winnipeg

T. W. WALKER, M.D.
 Superintendent, Royal Jubilee Hospital, Victoria

CHARLES A. EDWARDS, Business Manager
 The Canadian Hospital Publishing Co., 57 Bloor St. West, Toronto

The CANADIAN HOSPITAL



Front line fluoroscopy

IT'S a fast war—a mobile war. But radiography keeps pace—follows the battle everywhere. Result—fatalities are fewer.

Today, portable x-ray units, even when delivered by parachute, can be set up in a matter of minutes. Rushed wherever needed, they meet emergencies—enabling field hospitals to handle peak loads beyond the capacity of regular equipment, and providing the benefits of radiography where it would otherwise be unavailable.

Front line fluoroscopy, aided by special locating devices, is enabling surgeons in the

field to find imbedded foreign bodies quickly, accurately, and without the shock of probing. Thus the wounded are given a better chance for rapid, complete recovery—and many that might have died are saved.

For over a quarter century, Patterson Fluoroscopic Screens have been the standard of the medical profession—noted for uniformity, brilliance, high contrast and visibility of detail. Although military needs come first, Patterson Type B Fluoroscopic Screens continue to be available for civilian needs.

Patterson Screen Division of E. I. du Pont de Nemours & Co. (Inc.), Towanda, Pa.



Patterson Screens

Light the path of X-Ray

Better Things for Better Living . . . Through Chemistry

INVEST IN
VICTORY
BUY WAR BONDS



E-6.

The perfect finish and even impregnation of the "Cellona" Plaster of Paris Bandage ensure a light cast of great strength.

Cellona

TRADE MARK

PLASTER OF PARIS BANDAGES

SMITH & NEPHEW LTD., 378, St. Paul Street West, Montreal.

Made in England by T. J. Smith & Nephew Ltd., Hull

No. 4
tric
Cylind
28" x
cloth
ball
cent.

No. 3
cylind
cloth

Comp
Cylind
pound
325 p
metal
coast

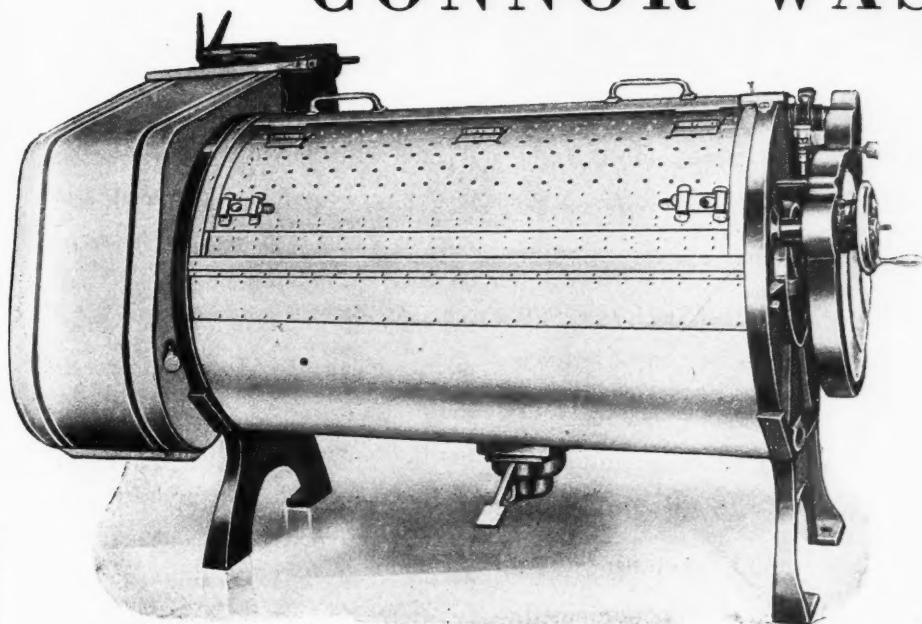
WINN

FEBR

Low Initial Cost—Low Operating Cost

Feature These High Quality All Metal

CONNOR WASHERS



*You Can
Save Money
With This
Time Proven
Laundry
Equipment*

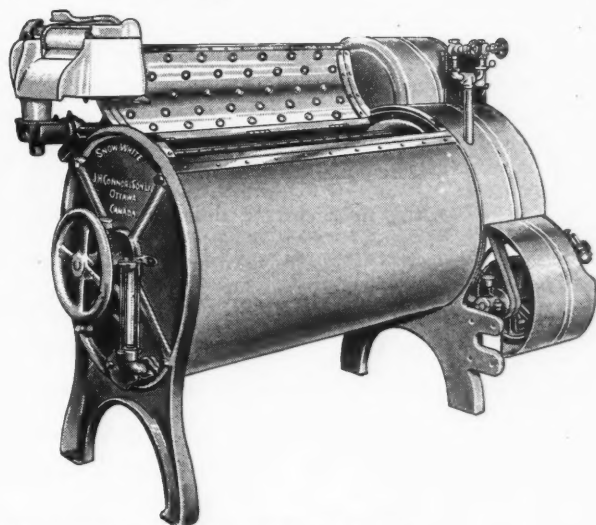
THE OTTAWA WASHER

No. 4 Ottawa Washer, complete with $\frac{3}{4}$ h.p. electric motor, single or three phase, 110-220 volt. Cylinder of hard brass, nickel plated and polished, 28" x 48". Capacity 40 sheets or 60 pounds dry clothes. Cylinder revolves on large, double race ball bearings, reducing power consumption 50 per cent. Weight 1,500 pounds.

No. 3 Ottawa Washer identical, but with 28" x 42" cylinder. Capacity 30 sheets or 50 pounds dry clothes.

THE SNOW WHITE NO. 2 WASHER

Complete with $\frac{1}{2}$ h.p. electric motor and wringer. Cylinder 24" x 40". Capacity 22 sheets or 36 pounds dry clothes. Floor space 38" x 64". Weight 825 pounds. The greatest value ever offered for a metal washer of this size. Satisfied users from coast to coast.



Metal Washers from 36 to 150 pounds dry clothes capacity. Tumbler Dryers, Extractors, Ironers, Laundry Trucks. Write for catalogue and price list.
Convenient terms arranged.

J. H. CONNOR & SON, LIMITED

10 LLOYD STREET - OTTAWA, ONTARIO

WINNIPEG—242 Princess St.

Quality Washers Since 1875

MONTREAL—423 Rachel St. E.

ANTISEPSIS

In War and Peace

'To be effective an antiseptic must fulfil certain conditions which depend not only on its own properties, but also on the way in which it is used: (1) It should be applied before infection has begun, or, in other words, before bacteria have penetrated the tissues. In war wounds . . . four hours is the limit of time during which an antiseptic can be effectively applied. (2) It should be well distributed throughout the wound, penetrating every corner and pocket which may be contaminated. Enlargement of the wound and excision help to make this distribution possible.'*

The attributes of an antiseptic for use in the field can be defined without difficulty. Needless to say, it must not be unduly specific—in other words, it must be effective against the majority of bacteria which infect wounds: it must be active in the presence of blood and wound contaminants: it must be safe—*i.e.* non-toxic and uninjurious to the tissues—for it may often have to be applied at full concentration: it must not inhibit the natural processes of repair.

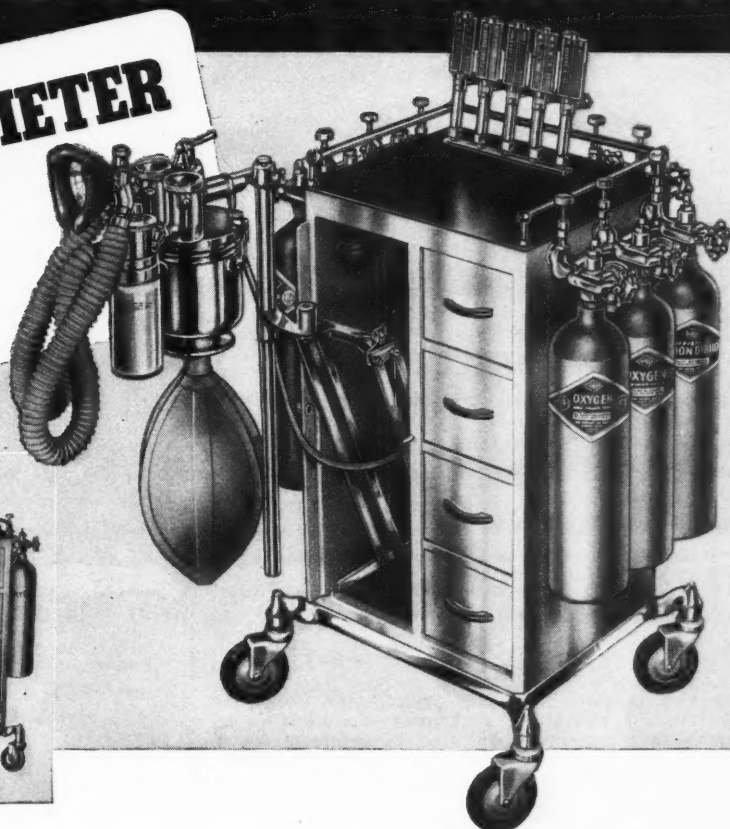
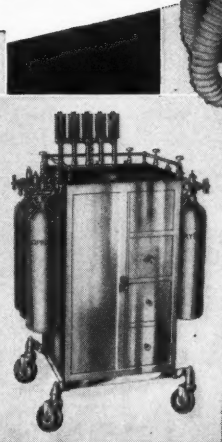
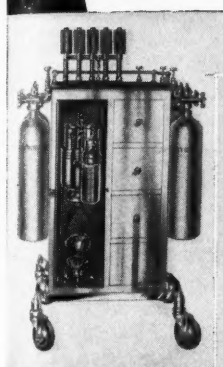
It is not surprising that 'Dettol'—owing to this very combination of qualities—may be found in many field hospitals, casualty posts, warships, in every theatre of war where British Empire forces are engaged. For the emergency sterilization of the hands, for the sterilization of the patient's skin and of instruments, for application to recently wounded tissues as a preventive of infection, wherever and whenever circumstances call for the use of a highly bactericidal preparation that will not further devitalize injured tissues, 'Dettol' has an established and valuable place.

Antisepsis is, of course, only an auxiliary to surgical treatment. It is not a substitute for wound excision, drainage and immobilization; nor can it deal effectively with bacteria that have deeply invaded the tissues. In war as in peace the greatest triumph over infection lies in its prevention.

* Trueta, J. (1944) *Principles & Practice of War Surgery*, p. 160.

Provide the *utmost* in convenience
with a

KINET-O-METER CABINET OUTFIT



The Heidbrink Kinet-o-meter cabinet outfit combines in a mobile unit all of the facilities of the Kinet-o-meter with a spacious cabinet and an anesthetist's table in addition.

The four large, noiselessly operating drawers add to the convenience, further enhanced by an arrangement that permits the door, when open, to slide out of the way into the cabinet.

The cabinet encloses the entire anesthesia apparatus, except the flow meters and tank yokes. Flowmeters are mounted on the top of the cabinet so as to be clearly visible to the operator. Flow-meter valves are conveniently located for manip-

ulation. The absorber and ether vaporizer are readily adjustable in height within a range of 17½ inches — a great advantage when surgical procedure requires the adjustment of operating table at extreme angles from the horizontal.

The mechanical operation of cabinet outfits is similar to that of stand and cart model Kinet-o-meters in that the measured flow of each gas is controlled by a single valve with an adjacent individual emergency flow valve for oxygen, ethylene and nitrous oxid.

These Kinet-o-meter units are unexcelled for operating convenience and provide the utmost in facility for every operating condition. Write for a copy of the Kinet-o-meter brochure which describes Heidbrink cabinet outfits in detail.



OXYGEN COMPANY OF CANADA, LIMITED

2535 ST. JAMES STREET WEST
MONTREAL, QUEBEC

180 DUKE STREET
TORONTO, ONTARIO



Army-Navy E and Maritime M
awarded to the Heidbrink Division for
production achievement.

OXYGEN COMPANY OF CANADA, LIMITED
180 Duke Street, Toronto, Ontario

Please send a copy of the Kinet-o-meter brochure to:

NAME _____

ADDRESS _____

CITY _____ PROV _____

IN OCCUPATIONAL OR DIVERSIONAL THERAPY

★ Get Results with ★

Fellowcrafters

Case-Tested Crafts Materials

Occupational therapists know the value of handicrafts in fostering physical readjustment, return of mental health and social competence. Fellowcrafters' handicraft materials and projects, proven in Service hospitals and other institutions, create and hold intense interest resulting in worthwhile physical and mental accomplishments; for instance:

★ LEATHERCRAFT ★

Designs, projects, all necessary tools and leathers are available for hospital patients' use.

TOOLING CALFSKIN—Ample supplies in stock for immediate shipment to hospitals. No priority needed.

LMQ (standard) Grade in black, brown, red, blue, green, natural. Skins average 8 to 11 sq. ft.

LMK (selected) Grade in same colors and size as LMQ.

TOOLING PIGSKIN in russet only. Skins average 8 to 11 sq. ft.

★ PLASTICS ★

For the patient who is semi-active and who wishes to devise and develop his own absorbing projects, Fellowcrafters offers plastics in several beautiful forms. Tools and materials immediately available to hospitals on preference rating.

★ TWENTY OTHER CRAFTS ★

including Costcraft, Braiding and Knotting, Beadcraft, Handloom Weaving, Woodcraft, Linoleum Block Printing, Pottery, Metalcraft and Jewelry.



FREE ON REQUEST

Fellowcrafters'

NEW FOURTEENTH CATALOGUE

Pertinent, accurate and detailed information on crafts materials, tools, projects, project kits, books and instruction manuals and **PRIORITY DATA**.

CANADIAN DISTRIBUTOR

LEWIS CRAFTS SUPPLIES, LTD.

8 Bathurst Street - Toronto, Canada

Tell INC.
Fellowcrafters

130 CLARENDON ST.
BOSTON 16, MASS.

Across the Desk

By C. A. E.

Storm Sash a Good Investment

FROM the following table heating engineers have figured out the penalty paid by building owners in lbs. per window in representative communities, through the Dominion. This is the first time such a survey has been made, and was made possible through the efforts of the National Coal Conservation Committee.

The amount of coal estimated to be saved by the installation of *tight fitting* "storm sash" for the average sized window which is assumed as 3'-0" x 5'-0", or 15 square feet, for various localities is shown. This is based on 65° F. mean daily building temperature, 13500 Btu per pound of coal and combustion efficiency of 60%.

Province	City	Approx. Coal Saved per Heating Season for Each Window Equipped with Storm Sash of 15 sq. ft. (Estimated Average Size)
Alta.	Calgary	368.0 lbs.
"	Edmonton	370.0 "
B.C.	Vancouver	205.0 "
Man.	Winnipeg	412.0 "
N.B.	Moncton	318.0 "
N.S.	Halifax	284.0 "
Ontario	Ottawa	322.0 "
"	Port Arthur	402.0 "
"	Toronto	286.0 "
P.E.I.	Charlottetown	312.0 "
Que.	Montreal	312.0 "
"	Quebec	350.0 "
Sask.	Saskatoon	424.0 "

NOTE: The above values can also be applied to well fitted storm doors.

The installation of storm sash, it is claimed, will pay for themselves, on an average, in three heating seasons.

* * *

Automatic Canadian-Made Incubator

The completion of a new Infant Incubator has been announced by Surgical Supplies (Canada) Limited, Toronto. It is designed to supply constant, automatically-controlled heat and humidity; also for the administration of oxygen to either premature or full term babies. The construction is of non-corrosive metal with shatterproof glass sliding top. No electrical parts come in contact with the baby in the incubator itself, this apparatus all being fully separated and enclosed in a self-contained easily removable compartment. This is a portable model and it may also be used as an emergency ambulance by removing electrical compartment and filling extra space with hot water bottles.

* * *

Milk for Isolated R.C.A.F. Stations

The use of dried whole milk powder insures even the most isolated stations of the Royal Canadian Air Force sufficient milk to give every man his daily ration of 20 ounces per day, according to an article appearing in the

(Continued on page 16)

A. E.

have
ers in
nities.
a sur-
h the
ee.
instal-
sized
square
ed on
u per

ed per
r Each
with
sq. ft.
Size)

s.

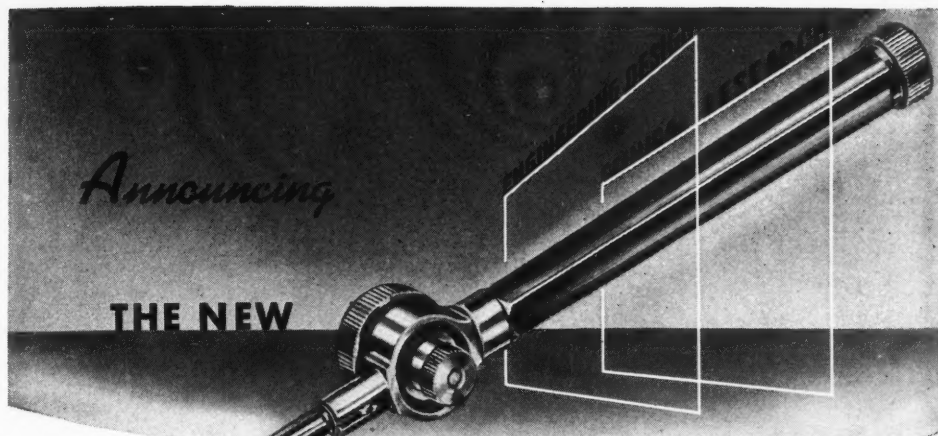
a doors.

ll pay
asons.

been
1, To-
ically-
ration
The
proof
t with
being
easily
and it
moving
h hot

en the
Force
of 20
in the

ITAL



Smaller "A-11 MODEL" of the SINGER SURGICAL STITCHING INSTRUMENT



So valuable have the contributions of the Singer suturing instrument proved in facilitating suturing technique, that the range of the Standard Model has now been supplemented through the introduction of a new, smaller "A-11 Model".

This highly perfected product of engineering design and clinical research brings to the field of more delicate surgery all the time-saving advantages and the wide stitch versatility of the Standard Model. Its particular feature lies in its ability to use a selection of ten smaller needles, down to the finest size practicable in surgical work. Subcutaneous suturing becomes possible under conditions of maximum visibility.

Its suture spools are interchangeable with those of the larger instrument; and three sizes of different length needle holders are provided to facilitate suturing under varying requirements. The instrument may be used ambidextrously without adjusting.

While the new Smaller Model proves particularly adaptable to the requirements of plastic, oral, ophthalmic or brain surgery (to suggest a few) — the general surgeon will find it a valuable complement to his Standard Model in providing the right stitch at the right time with assurance of maximum facility and efficiency.

SINGER

SURGICAL STITCHING INSTRUMENT
— unites needle, holder, suture supply,
and severing edge in one self-contained in-
strument, sterilizable as a complete unit.

Copyright U.S.A., 1944, by Singer Manufacturing Co. All Rights Reserved for All Countries.



Singer Sewing Machine Company
Surgical Stitching Instrument
Division, Canada
Without obligation, send copy of illustrated brochure.

Name
Address
City

SINGER SEWING MACHINE COMPANY, *Surgical Stitching Instrument Division*, CANADA
254 Yonge Street, Toronto • 424 Portage Avenue, Winnipeg • 700 St. Catherine Street W., Montreal

*The effective
relief of nasal
congestion...*

'VAPOROLE'
BRAND
EPHEDRINE
ISOTONIC SOLUTION

(AQUEOUS)

'Vaporole' brand Ephedrine Isotonic Solution (Aqueous) provides effective relief of the nasal congestion associated with the common cold, sinusitis, rhinitis and hay fever. It promptly produces *mucosal shrinkage of maximal duration*, and its use is not followed by nasal oedema or after-congestion.

The product contains 1% Ephedrine Alkaloid in a modified Locke's Solution which corresponds closely in pH and physical properties to the normal tissue fluids; consequently *no injury or irritation can be caused by the vehicle*. Moreover, it contains no antiseptic or drug to interfere with ciliary activity, cause cellular damage or local discomfort.

Bottles of 1 fl. oz. (with dropper) and 16 fl. oz.



BURROUGHS WELLCOME & CO.

(The Wellcome Foundation Ltd.)

MONTREAL

ASSOCIATED HOUSES: LONDON - NEW YORK - SYDNEY
CAPE TOWN - BOMBAY - SHANGHAI - BUENOS AIRES



Specifications call for . . .

METAL CRAFT FURNITURE

Illustrated Above

The above illustration is a typical METAL CRAFT Semi-Private Ward Group. Prices for individual pieces or as a complete set on application.

When planning a new addition, a new hospital, or alterations to present wards make specifications complete by including details of the furniture and equipment. Metal Craft furniture is as much a part of the modern hospital as good lighting. Write the Engineering Department, The Metal Craft Company, Limited, Grimsby, Ontario, for any data and specifications you may require for: Private Room Furniture, Semi-Private Room Furniture, Ward Furniture, Nursery Equipment and Furniture, Kitchen Equipment, Food Conveyors, Cubicle Curtains, Built-In Cabinets of all types.

Over 25 Years' specialization
by
competent Metalcraftsmen

The **METAL CRAFT**
COMPANY LIMITED
GRIMSBY ★ ONTARIO



WHEN

Character

COUNTS

Among the famous people of the world there are no duplicates . . . and no substitutes—Canada's own McKague Chemicals have made their place in the hospital field because they too are different . . . not stereotyped in character and content, but individualized to suit your requirements.

McKemco Dish Washing and Specialized Laundry Compounds are composed of high quality ingredients scientifically blended by our chemists.

These men have a comprehensive knowledge of water conditions in practically every location—this PLUS their skill and experience in blending Dish Washing and Specialized Laundry Compounds make it possible to supply you with a product suited to specific water conditions in your establishment.

You are invited to place your problems before us . . . we will be pleased to give you every assistance . . . phone or write.

DISH WASHING COMPOUND

The hardness of the water in your locality should determine the type of dish washing compound you use. We custom-build our cleansers to suit your own local conditions—not only for efficient cleansing but ALSO to prevent the formation of scale on your machine.

SPECIALIZED LAUNDRY COMPOUNDS

Here again we are prepared to meet prevailing water conditions to assure high detergency value and low tensile strength loss to the fabrics.

"MADE IN CANADA"



McKemco Detergent

For cleaning tile, terrazo, basins, bathtubs, sinks, etc. Maximum cleansing properties with minimum abrasive action.

Telephone
Randolph 8383

McKAGUE CHEMICAL

COMPANY

MANUFACTURERS AND DISTRIBUTORS OF
SPECIALIZED CLEANERS AND ALKALIES

1119A YONGE ST. TORONTO, CANADA

Across The Desk

(Continued from page 12)

current Canadian Medical Association Journal. The report was published by Air Commodore J. W. Tice, Group Captain F. F. Tisdall and Squadron Leader J. F. McCreary of the Medical Branch of the R.C.A.F.

To meet the problem of a milk supply for isolated posts, the medical branch of the R.C.A.F. investigated the use of dried whole milk. An assay of milk reconstituted from the powder was made and compared with fresh milk. In all cases vitamin content was found to equal that of fresh milk, and, in some instances, it ran higher.

Accordingly, a program of instruction was begun among R.C.A.F. personnel chosen to be "dairymen" on the proper methods of reconstitution of the powdered milk. It was found that if the milk powder were thoroughly mixed, strained to remove any undissolved powder and aged for twenty-four hours in a refrigerator, the flavour and consistency approximated that of fresh milk. To assure uniform reconstitution, standard buildings and equipment were designed.

Preliminary training of the men assigned to "dairy duty" by the R.C.A.F. was done in co-operation with The Borden Company, Limited, by their representative, Mr. H. F. George. Selected Air Force personnel were instructed in milk drying processes as well as the method of reliquification and were taught equipment-cleaning methods in the company plants.

Before establishing the regular use of dried milk powder a survey on the acceptability of the product was made, and the authors of the report found that of 500 to 1,000 R.C.A.F. members served the reconstituted milk, 97 per cent expressed themselves in favour of it as a beverage.

* * *

New Singer Surgical Stitching Instrument

Singer Sewing Machine Company, manufacturers of the Singer Surgical Stitching Instrument, announces a new, smaller, A-11 Model, particularly adapted to the field of more delicate surgery. This new instrument, while retaining the advantage of the Standard Model—saving of time, wide stitch versatility, reduced danger of infection and other features—uses a selection of ten smaller needles, down to the smallest size practicable in surgical work. Particularly suited to plastic, oral, ophthalmic or brain surgery, the general surgeon, too, will find it valuable as a complement to his Standard Model. The instrument may be used ambidextrously, and is equipped with different length needle holders to facilitate closures under varying conditions.

* * *

H. E. Stephenson Heads A.C.A.

Harold E. Stephenson, Advertising Manager of The Canada Starch Company, has been elected President of the Association of Canadian Advertisers. Mr. Stephenson has been Advertising Manager of the Company since 1936, and has a broad and varied experience in all fields of advertising and business research.

Mr. Stephenson is a son of the late H. E. Stephenson, who for over 40 years was prominently associated with Canadian advertising through his association with A. McKim Limited of which agency he was a director.

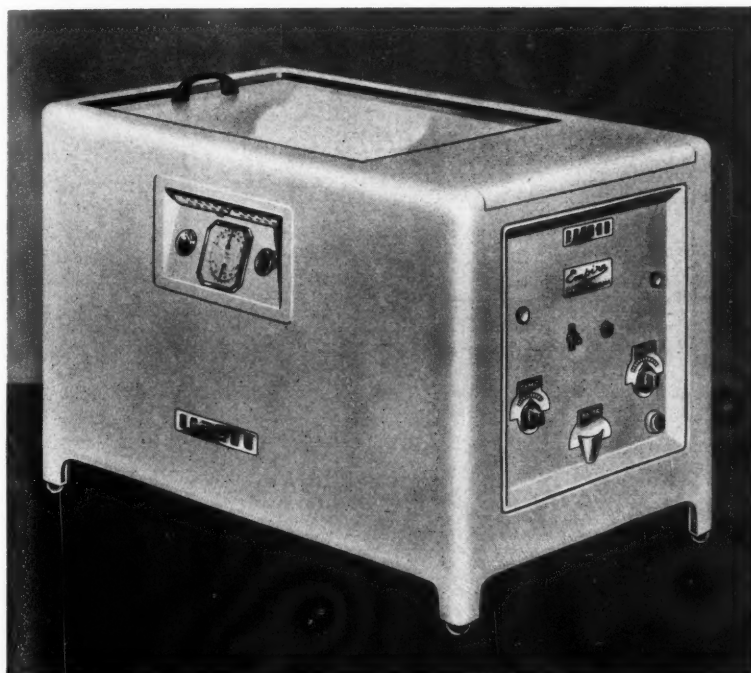
The CANADIAN HOSPITAL

Reg. Trade Mark

*The “**Empire**” Fully Automatic Incubator*
*including **Oxygen-Therapy***

★
PORTABLE MODEL

We are proud to announce the completion of a New Infant Incubator, truly a Masterpiece of Construction. All desirable features demanded by the Medical Profession have been incorporated in this all Canadian-Made Unit. Designed to supply constant, automatically controlled, heat and humidity; also for the administration of oxygen to either premature or full term babies. The construction throughout is of non-corrosive Metal with shatterproof glass sliding top. No electrical parts come into contact with the Baby in the Incubator itself, they are fully separated and enclosed in a self-contained easily removable compartment.



The portable "Empire" Incubator may also be used as an emergency Ambulance by sliding out electric compartment and filling empty space with hot-water bottles.

Overall Size:

32" long — 16" wide

14" high

Shipping Weight 35 lbs.

Price \$175.00

F.O.B. Toronto Factory

DeLuxe Hospital Model

\$325.00

F.O.B. Toronto Factory

SURGICAL SUPPLIES (CANADA) LIMITED

361-365 DUNDAS ST. EAST, TORONTO 2

Made by
BLAND
MONTREAL



Style 1187

Bland's
Tailored Uniforms
in
Fine Materials Only
for
Twenty-Seven
Years



Bland & Company Limited
1253 M^cGill College Ave.
Montreal, Canada

Note THESE EXTRAORDINARY FEATURES
OF THE
**PORTABLE WARD MODEL
LUXOR "S"
ALPINE LAMP**

The Portable Ward Model Luxor "S" Alpine Lamp offers unusually high quality and utility. Its improved no tilting, fast burning quartz burner delivers ultra-violet rays of short, medium and long wavelengths, for all therapeutic applications. The burner builds up rapidly to full intensity, and cools quickly ready for relighting. It provides intense radiation and even distribution over a wide shadowless surface. Its special portability fulfills the requirements of the patient who is in need of ultraviolet light treatment at his bedside—too ill to be moved. Compact and mobile. Can be taken along any corridor, through any doorway, in any elevator and into the smallest room. Especially valuable in the treatment of erysipelas cases. Available for operation on either alternating or direct current.



**CARRIAGE HANDLE PROVIDES
EASY, EFFICIENT PORTABILITY**

**NON-TILTING
FAST-ACTING
INSTANT LIGHTING
UNUSUALLY EFFECTIVE
ECONOMICAL
SIMPLE OPERATION
BEAUTIFUL DESIGN**



**HANOVIA SAFE-T-AIRE FILTER
JACKET TYPE
QUARTZ ULTRAVIOLET LAMPS**

Destroy Micro-organisms in the Air!

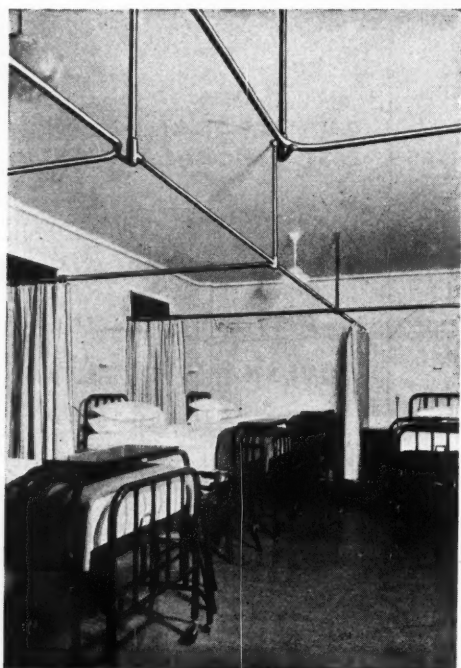
Hospital authorities speak highly of their effectiveness. The report on the findings by the Council on Physical Therapy says, "Clinical evidence submitted to the Council on Physical Therapy shows that under properly controlled conditions, ultraviolet radiation is effective in killing air-borne organisms and may be used to supplement other measures for the prevention of cross infection in hospital wards, nurseries and in operating rooms for the reduction of air-borne infections in wounds."

They are easy to install, simple and inexpensive to operate. Used with great success in Operating Rooms, Nurseries, Clinics, Isolation Wards, and everywhere where air sanitation is important.

Write for full details concerning the LUXOR "S" and other recent developments.

HANOVIA CHEMICAL & MFG. CO.
Dept. C.H. 21 NEWARK 5, N.J., U.S.A.

INSIST ON THE BEST In HOSPITAL EQUIPMENT



War conditions have depleted our stocks somewhat—but the same high standard of workmanship and quality of materials is contained in every piece of Metal Fabricators equipment we are able to supply you.

Write us regarding your requirements and we will do our utmost to fill your needs satisfactorily.

METAL FABRICATORS LIMITED
WOODSTOCK, ONTARIO

Across The Desk



George Stineback,
formerly General Sales Manager of Bauer & Black, Toronto, has been transferred to the United States to take up new duties with Industrial Tape Division of Bauer & Black, Chicago.

* * * *

Popularity of Tea

Tea is a universal drink throughout the world, coming second to water only. It is a curious thing that where it is used, it is universally regarded as necessary—absolutely necessary. Not only ladies in their drawing rooms, business men in their offices and shops and patients and staff in hospitals, but men in the most dangerous and exhausting of jobs must have their tea.

Canada and Australia together drink as much tea as the whole of the United States, which is less enthusiastic about tea than most countries. In England it is commonplace and democratic—a national custom. It is always served in shops and offices where, as they generally work until six o'clock, it is a real help, and statistics prove that there is a distinct improvement in output in the last couple of hours.—*From an article by Selwyn Bantock in The Imperial Life-Guard.*

* * * *

Ben Tabon, Dean of Orderlies

One of the elder lights of the Durham (N.C.), bar had a period of prostration in Ben's hospital. He was served by Ben as orderly through the whole period. When he had recovered and was leaving the place he was so grateful to Ben for his skilful services that he was impelled to leave with him a substantial reward along with his thanks. The gift was well-earned; but Ben hadn't been working with a view to tips. Therefore he must pay a compliment in turn. So he said: "Thanks, Mr. Will, and I would like to say that you sho' does take a good enema."—*Chapel Hill Weekly.*

Prevention

PRECIPITATION OF SULFONAMIDE COMPOUNDS IN THE URINARY TRACT

"should be prevented as far as possible by
the administration of adequate fluids and
maintenance of an alkaline urine."

J.A.M.A. 126:303 (Sept. 30) 1944

In a simple, pleasant way, Citrocarbonate*
helps eliminate urinary tract obstruction by
crystals—the cause of more than 50% of all
complications due to sulfa chemotherapy.

Citrocarbonate

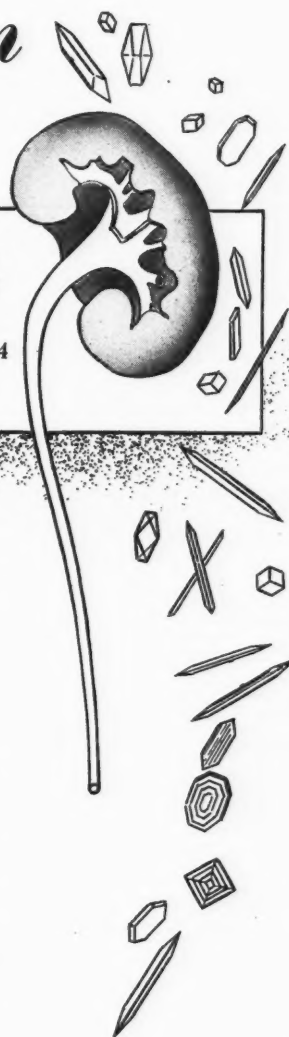
Each teaspoonful of Citrocarbonate is ad-
ministered in a glassful of water as a pleasant
effervescent drink. Thus, Citrocarbonate
simultaneously provides sustained alkalization
of the urine and a higher fluid intake. Avail-
able in bottles of 4 and 8 ounces.

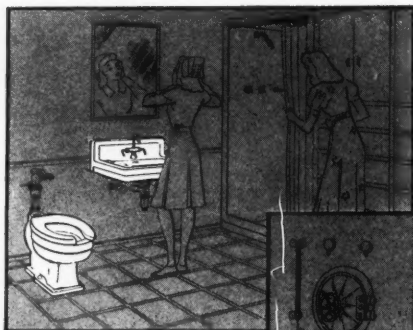
FINE PHARMACEUTICALS SINCE 1886

Upjohn

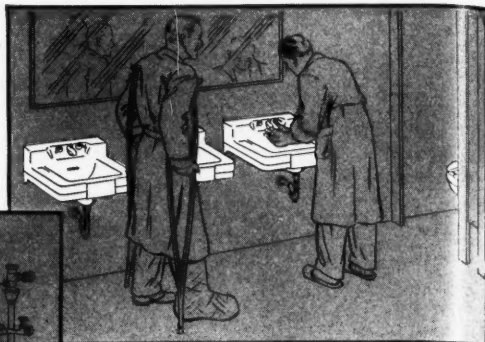
384 ADELAIDE STREET WEST • TORONTO, ONTARIO

*Registered Trademark





In the Nurses' Home

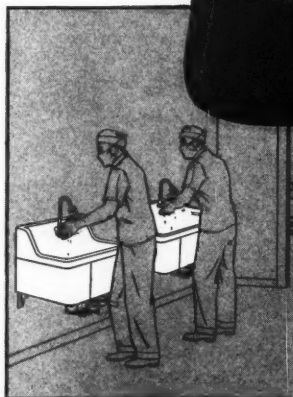


In Ward Washrooms



In the Emergency Room

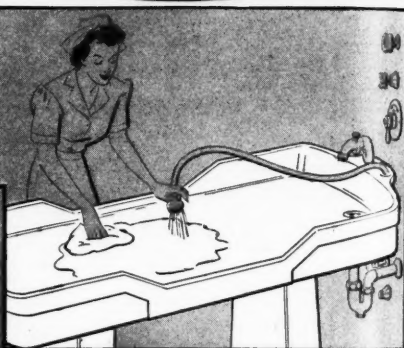
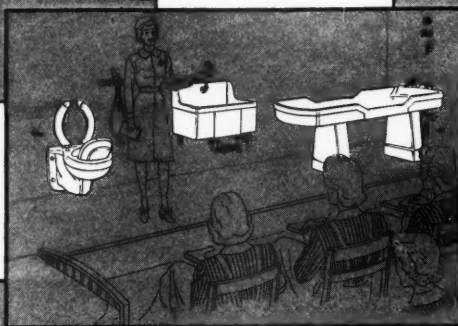
SPECIALIZED PLUMBING FOR EVERY HOSPITAL DEPARTMENT



In the Nurses' School

In the O. B. Department

In Surgery



In surgery or the obstetrical department—in the hydrotherapeutic department or autopsy room—in nurses' homes or laboratories—in fact, in every department in the hospital, specialized plumbing is required to assure proper asepsis—to speed hospital technique and to provide maximum care for patients.

The Crane line of hospital plumbing has been designed in cooperation with surgeons and hospital administrators and includes equipment exactly suited to every hospital requirement.

Whether your plans call for the replacement of old or obsolete equipment—the extension of your present facilities or the construction of a new hospital, the complete line of Crane specialized hospital equipment will provide a wide selection of all necessary plumbing fixtures to meet your needs.

Consult your hospital catalog or call your plumbing contractor or nearest Crane Branch for complete information.

1-529

CRANE

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS and PLUMBING AND HEATING CONTRACTORS

CRANE LIMITED: HEAD OFFICE:
1170 BEAVER HALL SQUARE, MONTREAL
PLUMBING - HEATING - PUMPS
VALVES - FITTINGS - PIPE

The CANADIAN HOSPITAL



Harvey Agnew, M.D., Editor

Toronto, February, 1945

Vol. 22

CANADIAN HOSPITAL

No. 2

The Hospital Speaks ... to the Community

By JON M. JONKEL,
Secretary, Council on Public Relations,
American Hospital Association.

UPON occasion within past years there has been discussion or comment on the advisability of hospitals participating in public relations activities. Hospital administrators have asked in all candor whether or not it is in keeping with hospital philosophy and ideals to become active in "public education or public relations". Perhaps a closer understanding of what public relations really means might indicate the obvious answer to these and similar questions.

There is a basic reason for engaging in activities that will result in a good public attitude toward the institution, organization or individual—and that is because there is practically no activity, whether personal or collective, that is not in some way related to another individual, a group of individuals or the composite of all individuals, the general public.

There is a tendency common to everyone to think of organizations in terms of personalities that represent

them to the public. Even such an intangible structure as a government assumes the proportions to the average person of the man who heads it. The human dignity and staunch loyalty of His Majesty, King George—the night-and-day grip on the Churchill cigar and his affable determination to let nothing deter the war effort of the British Empire, have come to be symbols of that Empire to all the civilized peoples of the world. The manner of the Catholic priest and the Catholic sister and the ritual of their services indicate the Catholic Church to everyone even though the services are celebrated on a ship, in a battle trench, or on a truck-trailer carried to Army encampments. In the same way that these personalities and the manner in which they conduct their services stand for the organizations they represent, so should people and their actions speak for lesser institutions and business structure.

If an industry or a commercial corporation—not even a service industry like the utilities or the chain stores whose only real contact with the public is over the sales counter or even through a vending machine—deems it necessary to its continued success to plan and design the way it appears to the public, does it not seem logical that the hospital, whose sole duty is to serve the public, should concern itself with the manner in which it accomplishes that service?

Of all the service industries—including in our countries the utilities, the gasoline station companies, the chain markets and, on a different level, the schools, the elements of government, the libraries, museums and other institutions that serve the cultural and social appetites—the hospital has perhaps the most vital need for good manners and diplomatic handling of situations. The only time the hospital has direct contact with the average individual is when that person is sick or injured or when someone in the immediate

From an address to the 1944 Convention of the Ontario Hospital Association.

FEBRUARY, 1945



family has need of hospital care. At practically no other time does the average person have occasion to think of or acknowledge the accomplishments of his hospital in behalf of his welfare and that of the remainder of this community. Being in the hospital and partaking of its services at a time when the emotional state is unbalanced and furrowed with anxiety and deep concern, the hospital must not only treat the patient but convince him in a subtle manner of the quality of that treatment and the almost-miracle that made it possible.

Does this patient know of the accumulation of equipment, techniques and knowledges that made possible that cure? Does this patient know of the strenuous hours of study and preparing that contributed to his recovery? Does this patient know of the money that was invested in his behalf? Does this patient appreciate the fact that some individual, that some organization, was sufficiently interested in his well-being—perhaps even before he was born—to inaugurate a hospital system that would serve his wants?

Or do the patient and his visitors ignore all this in their moments of travail and react only to the attitude of the employees as they perform their menial or professional labours? Is the patient conscious only of his immediate comfort and is his sense of proportion disrupted by fear or pain so that he sees, not an institution where science and mercy meet, but a plainly-decorated, inadequately-designed room?

When rebuffed by the telephone switchboard operator or the elevator operator, do the visitors understand the tension under which hospital personnel have been working? Or do they believe that this curtness is a manifestation of hospital lack of concern for the individual?

Do the patient and his family really understand that a hospital in addition to saving lives and making life more bearable is also similar to a hotel in that it furnishes room and board and must maintain heating plants, dining rooms, kitchens, pumping systems and all of the other equipment that goes into a modern hostelry?

Perhaps the public does not have the proper answer to all of these questions—but the public has been

and will continue formulating some answers to each of these questions which could be answered by you even before they arose.

Communicating its ideals and resolutions in the manner that it fulfills its functions, the hospital communicates with the public from the time it first opens its doors and begins a 24-hour a day service. The hospital is unique even among the service organizations because there is absolutely no way for it to perform its duties other than by a direct contact with some individual or group of individuals. The hospital is in a way a combination of personal relationships and corporate relationships, all based upon the most exacting of all services to the public—care of the sick and injured.

The Employees

The hospital speaks to its employees through its established personnel relations programme. Fair employment programmes are of course much better than any amount of employee integration through the use of house organs, staff parties, service buttons or any of the other devices employed by personnel managers in an attempt to uplift the self-importance of the employees. Because employee programmes are basic issues of human conduct within the intramural organization of the hospital, the development of such programmes is of primary consequence to any administrator who chooses to plan his relations with all elements of the public. The employee is the first public of any organization.

That the employee must understand the institution and have a real appreciation of his part in its functions becomes very evident when we realize that throughout the working day the person at work in the hospital has direct contact with the patients and visitors.

Whatever his intelligence level may be, the employee acts as a first hand disseminator of information that is theoretically "hot off the griddle". He takes with him into areas not ordinarily touched by the hospital's proud service record stories of misinformation, fallacies based upon misunderstanding of concepts and erroneous stories of financial dealings. If he rightly considers himself underpaid, he will

undoubtedly stress what appears to him misuse of funds that he believes should be dedicated to the care of patients and the remuneration of attending employees.

When your hospital speaks to its employees does it endeavour to increase his knowledge of the four-fold duties of the hospital? Do your employees know that the incoming monies received from both patients and philanthropic gifts must do four jobs—care of the sick and injured; prevention of disease and the promotion of health; education of doctors, nurses, administrators, and other personnel; and constant research in the sciences contributing to good hospital care?

In speaking to the employee does your hospital stress the need for co-operation by pointing out that all workers in an institution as complex as a hospital must work in perfect harmony and collaborate to ensure the safety of every patient within its walls? Is the employee told that in no other trade or craft is 100 per cent accuracy demanded 100 per cent of the time? Does he misconstrue the efforts of physicians and surgeons and become a cynic without wisdom?

Do the employees understand that treatment of the human body cannot be as exact a science as the repair of an automobile? The focalizing of an infection or an injury to any part of the body is not the same as a broken axle or a poorly adjusted carburetor in a car. The repair of the axle or the adjustment of the carburetor can be accomplished in the majority of instances, with no concern as to the condition of the car's upholstery, the water-proof qualities of the roof or the splendor of the chromium trim. You know that this is not true in repairing the human body; the general tone of the nervous or muscular systems, the quality of the work performed by the heart, the efficiency of any of the vital organs—all of these have a bearing on the repair or maintenance of the human body.

You understand this and so unconsciously temper your reactions to surgical fatality—but do your employees understand this and are they capable of balancing that knowledge against the emotional shock of death or permanent disability?

The Trustees

A very influential group that also listens to the hospital is the board of trustees. When serious debate of the extension or alteration of the hospital policy is considered necessary by you, do the board of trustees have sufficient background and appreciation to make a valid decision?

The board of trustees is ordinarily composed of men and women whose mark in life has already been achieved. In public relations or sociological terminology they are usually called group leaders because their thinking and their attitudes are passed on to subordinate or subsidiary elements of the public. If a hospital is not articulate with its board of trustees, it can hardly expect reception and understanding from citizens of similar stature within the community and in adjacent areas.

Do your *annual reports* supplement your periodical board meetings by high-lighting certain accomplishments of the institution in relation to the expenditures of time and money? Do your meetings consist of an exchange of thought and do the board members leave the meeting with a sense of having viewed an economic and social organism in

action? Basically *trustee education is the administrator's responsibility* and success is dependent upon his choice of educational material passed on by him to his board members. The system of planned communication is really within the province of the administrator's choice.

News letters, topnotch annual reports, actual contact with interdepartmental co-ordination provide an opportunity to see the hospital as a patient must see it. But a real understanding of the institution and its position in the community can be developed only by the administrator with his special knowledge of what will appeal to the individual trustee. It would seem most economical in time and most advantageous to success if the administrator were to devote personal time to the hospital-education of each trustee.

These first two audiences — the employee and the trustee — are extremely important because of their keystone position in the hospital's organization and operation. It is essential that they understand the aims and accomplishments of the institutions so that they may better perform their responsibilities to it. It is extremely important in their contact with that portion of the pub-

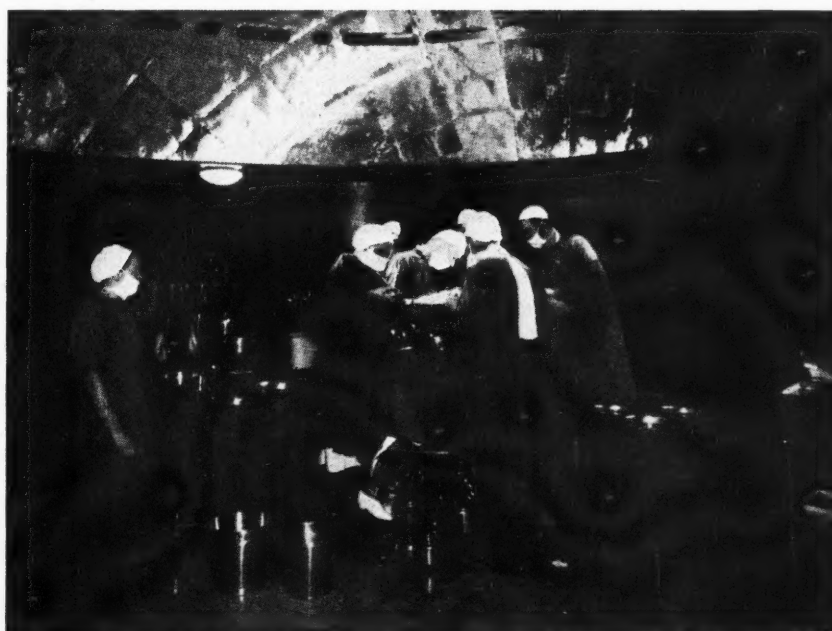
lic which has need of the hospital services, that they create good will for the institution.

A Suggested Study

Perhaps it might be a good idea for a hospital administrator to stand outside the institution and wait until a visitor or a patient arrives. Follow the patient and see with his eyes the entry to the building and the inner lobby; listen with him to the instructions and replies given at the information desk. Follow the patient into the office of the admitting officer. Are the arrangements for hospital care made with thorough understanding on both sides?

Is there doubt in the patient's mind as to how much service he will receive for what sum? Is any attempt made either orally or by printed material to acquaint the patient or his representative with the story behind today's hospital care? Does the patient differentiate between payment for hospital care and payment for medical care? Does he understand the difference between capital investment in facilities that will assist the physician in both diagnosis and treatment, and the in-

(Continued on page 68)



One of the operating rooms at the Royal Prince Alfred Hospital, Sydney, Australia, has very modern lighting. The ceiling is a large, highly-polished steel dome reflecting the operating light from a source outside the room. Students observe operations, through slits in this dome, fitted with non-reflecting glass. An intercommunicating speech system permits the surgeon to demonstrate to the students.

Leading the Way

By SISTER PAULETTE FORTIER, S.G.M.,

St. Paul's Hospital,
Saskatoon, Saskatchewan.

*"A Lady with a lamp shall stand,
In the great history of the land;
A noble type of good
Heroic womanhood!"*

A WORLD famous nurse died in Derbyshire, England, 34 years ago. She was Florence Nightingale, immortalized by Longfellow as "The Lady of the Lamp". In the years that have elapsed since her death, thousands of young women inspired by her noble deeds, have made her pledge their own "to devote myself to the welfare of those committed to my care".

Medical science has made such tremendous strides in the past quarter of a century that the young Florence Nightingale of today is a much more highly trained individual than the heroine of the Crimea, but like the "Lady of the Lamp" she must have a real call for her task if she is to succeed in it. She must have plenty of stamina too, for the three years' training she must undergo before she can write the letters R.N. after her name is rigorous, entailing long hours of work and study, with little time for relaxation.

Grave responsibility devolves upon the young women who adopt nursing as their profession. School of nursing directors and hospital administrators have realized it and are doing their utmost to fit them for their great task of caring efficiently for the nation's sick. Curricula have been formulated with the idea of seeking to ameliorate the technique of teaching by re-evaluating our processes of learning. Postgraduate courses have been instituted because the need of a competent staff had been felt for a long time—and this brings me to the point of my paper—the urgent neces-

sity and the advantage of postgraduate training for supervisors. In this day of efficiency and speed, the supervisors' duties are arduous and their task complicated. They must be prepared to carry out heavy extensive programmes. Skilled exacting work, along with the responsibilities of directing the work of others, is a daily requirement. Hence the necessity and advantage of special training for those who carry the dual role of teacher and supervisor.

Today more than ever, hospitals appreciate their great responsibility of training nurses to meet the current demands of society. A Federal grant allotted to the Canadian Nurses Association made it possible for each Provincial association to improve nursing education, thus assisting hospitals in furthering their responsibility of safeguarding highest standards in efficiency.

The effects of postgraduate training are very outstanding. One need observe but a very short time to differentiate between the supervisor who has had postgraduate training and the one who has not. It gives the nurses who have not had the advantage of college or university training a very good insight in working out their own problems and broadens their scope of knowledge. They reflect a finer attitude and greater interest in the care of the patient for which after all the hospital primarily exists. They have the consciousness that they are not only supervisors but teachers. They learn to be self reliant and decisive, and therefore can face life and today with high courage. They develop an ability to cope with all kinds of situations and to make decisions. It helps them to face mistakes quietly—courageously. All this of course does not free them

from trials and difficulties. They will often be called upon to face the full force of the blow . . . but they seem to measure up with more ease to the standard of the work in which they have specialized.

However, efficiency and skill are not the only criteria of sound supervision. To this must be added cheerfulness and kindness. When the supervisor can do no more her kind word will be a word of power. It has an inexpressible charm, and the most hardened and cynical will appreciate it. It makes the world a little brighter for everyone if, for instance, when a patient asks a favour which he might reasonably ask, he gets the answer: "I'll be glad to do it for you!" On the whole the postgraduate student learns to idealize the task that is real, no matter how uninspiring it may appear. This as one knows, is not an easy adjustment!

The nurses who receive practice in departments thus supervised learn a great deal from the good examples before them. The supervisor's influence on the student, if wholesome, can become very effective because every nurse has an ideal, and she will quickly engrave in her mind and heart the picture of the supervisor that is for her the ideal.

Let it be our aim therefore, to encourage and help make possible "Postgraduate Training" to add to our supervisors' background of experience and thus prepare them for their task of tomorrow which includes definite and adequate teaching and supervising programmes. They in turn will help us to produce good substantial nurses that tomorrow's "army in white" may stand: "In the great history of the land, A noble type of good, Heroic womanhood!"

Public Health Services and Hospitals Should Be More Closely Integrated

By B. T. McGHIE, M.D.,

President, Canadian Public Health Association

THE actual practice of preventive medicine can never be easily or arbitrarily distinguished from the diagnosis and treatment of illness in general medical practice. On the contrary, if it is to be effective, preventive medicine must not be divorced and separated from the regular practice of medicine or from those who are carrying on that practice. Admittedly it is, to some degree, a separate task, and requires the attention of specialists with adequate training and sufficient time to devote themselves fully to this task. But preventive medicine must remain (or become) an integral part of general medicine. And the success or failure of the full-time, even more than that of the part-time medical officer of health, will depend on his ability to integrate the services of his department with those of the medical practitioners for whom and with whom he must work.

A second condition of effective integration has to do with the location of the full-time public-health unit. Just as the modern hospital is moving toward the community (and public health) with its increased provision for out-patient services and the supervised home care of certain types of illness, so the modern public-health service must move away from the town hall toward the community hospital.

In its present typical location, the public-health department too often becomes associated in the minds of the public with tax collectors, local magistrates, dog-catchers and other

symbols of minor municipal restriction. More serious, it is often too far removed from the very people with whom and for whom it must work. Direct, frequent and natural contact with one's fellow workers is an important condition for integration and co-operation in any field of endeavour.

It is time to recognize that the personnel of a hospital and the personnel of a public-health department are in the same line of business—maintaining the health of the community. They will do better work if they get together.

In the "health centre" type of community hospital there is not merely the traditional provision for the treatment of the acutely ill: offices and co-operative laboratory facilities are available for physicians and dentists. There are extensive out-patient services and there is proper provision for full-time public-health workers. With the provision of such health centres the ideal of a proper integration between public health and private medical practice becomes a reasonable possibility.

The many ways in which preventive medical services can co-operate with the medical practitioner in such a centre are too numerous to specify in any detail. Among the more obvious is the instruction of the expectant mother before hospitalization, community assistance for maternity cases while in hospital, and very close co-operative follow-up after return home. There are the special diet cases to be followed after their return home. There is the supervision of post-operative cases and the effective

integration of convalescent care with hospital consultation. There are the increased possibilities in the development of bedside nursing in the home. Indeed, there are endless ways in which the immediate availability of public-health services can be immensely helpful, not only in shortening the duration of hospitalization to whatever minimum is in the best interests of the patient, but also in rendering the remedial work of the hospital more effective by continuous follow-up.

The public-health officer, like the practising physician, is dependent in a very large measure on the nursing profession and it is in this field of effort particularly that a better integration between public and private services is urgently needed. The public-health nurse needs more opportunity to learn about the problems of hospital nursing, and the hospital nurse needs more opportunity to learn about public-health nursing. Operating together in and from a health centre, these two branches, which are so inter-dependent for effective service, will have a fair opportunity to learn how to work together.

Penicillin Cost Reduced

The Controller of Chemicals, Mr. E. T. Sterne, has announced that the cost of penicillin to public hospitals has been reduced to \$2.85 per ampoule of 100,000 Oxford units. The initial price was \$6.00. Penicillin has been distributed by the Department of Munitions and Supply at the prevailing cost price to it.

From the Presidential Address to the C.P.H.A. at the November 1944 Convention. Dr. McGhie is Deputy Minister of Health for Ontario.

What Errors Should be Avoided in BUILDING THE RURAL HOSPITAL?

By E. E. MAXWELL,

Supervisor of Municipal Hospitals, Department of
Public Health for Alberta

(This address, which was given at the November convention of the Associated Hospitals of Alberta, was based on a study of several rural hospitals in Alberta. Mr. Maxwell, who has had a very wide experience in the problems of rural municipal hospitals, was of the opinion that a summary of those points which have been proved unsatisfactory in actual operation would have distinct value to other hospitals planning construction in the postwar years.)

OF MOST importance is the choice of a proper site for the building. This should be within easy walking distance from the heart of the town. You will recall that many of our early municipal hospitals were built a half to three-quarters of a mile from town. However, this error has been overcome in the new hospitals recently built.

A major blunder in all the hospitals studied was the location of the compressor engine for the walk-in refrigerators. These have been installed in the basement corridors or in a room under the wards attached to the basement floor, and the continual alternating vibration from this machine is very disturbing to the patients as well as to the staff. This machine should be placed through the basement wall on a separate concrete base just outside the building with a vent to ensure the reasonably even temperature under which the machine must operate. The individual concrete base will eliminate vibration and noise in the building.

Another important point is the location of the nursing superintendent's office.

Nearly everyone entering the hospital wants to see the Matron; therefore her office should be near the main door where she can see and be seen. This can be accomplished by putting glass windows on two sides of her office.* Some of our new hospitals did not do this. Across the entrance to the nursing superintendent's office a public waiting room should be provided.

One of the hospitals complains that the furnace room and coal bin are not dustproof. Even when care is taken when unloading coal, dust escapes into the laundry adjoining and into the case room and operating room cupboards above the coal bin. From my own observations in other hospitals, this coal dust creates a nuisance and unnecessary work in cleaning, as the dust in many instances goes through the entire hospital. Coal, in my opinion, should be stored outside the hospital in a building attached to the hospital, and then when coal is being unloaded the dust cannot possibly get inside the building. If at all possible the furnace or boiler plant should be in a separate building attached to the hospital.

More attention should be given to the insulation between wards when the buildings are being constructed. Most of our new hospitals are far from soundproof. Sound insulation should be used in all corridors. Provision was made for this in all cases in the original estimates, but appar-

*While all authorities would agree that her office should be near the entrance, there might be doubt as to the advisability of this extensive use of glass windows. If there is but one office a window is desirable, but if there are two offices—business and information as well as that for the matron—as there should be in all but the smallest hospitals, the matron should be able to have full privacy in her own office.

ently the contractors failed to install the insulation, or did not do it properly, or the material used was not sound-absorbing. I find that some hospital ceilings were only stripped and the insulation board applied, with the result that the ceilings have cracked.

The laundry rooms in some of these new hospitals have no access to the outside clothes line other than through the furnace room and up a flight of stairs to the back door of the hospital. This, you will agree, is very unsatisfactory in carrying out baskets of clean laundry. In my estimation all our new hospital laundries are not sufficiently ventilated to remove the washing odour from the building. My suggestion is to build the laundry adjacent to your boiler room outside the hospital in a building attached to the hospital which, as in the case of the coal bin, will ensure proper ventilation. The extra cost for both these departments is only a minor matter if included in the original plan, and the space saved means two extra rooms in the basement.

The kitchen, being one of the most important departments in a hospital, should be given special consideration in the construction of the building. It should be well lighted with ample outside screened windows. Ventilation in this department is most essential and at least three 4" x 16" ceiling ventilators of galvanized metal should be installed, which lead through the ward partitions on the first floor, thence through the attic and on through the roof, thus ensuring the escape of cooking odours at all times. A metal canopy over the

stove, with a separate entrance to the chimney, should also be installed. The kitchen should be well supplied with ample built-in cupboards around the walls. A wash sink of ample size is very essential. The walk-in refrigerator should be at one end of the kitchen and a supply room at the other end, with a good-sized work table in the centre of the room. With this set up I have actually seen the kitchen staff smile.

One of our new hospitals finds that if they had made their building two feet wider they could have had fourteen-foot private wards and their utility and x-ray rooms, at present much too small, would have been two feet larger.

At least one built-in cupboard for *blankets and linen* should be located near each end of the hospital corridor, built so that the nurses will have easy access to the top shelf. A light that comes on automatically when the door is opened should be installed in the cupboard. One hospital built supply cupboards that would not accommodate gallon jars.

The kitchen *food lift* shelves should be large enough to accommodate two trays on each self. This lift should operate freely, and by an electric motor instead of by the old-fashioned hand method. There should be a buzzer system between the main kitchen and the diet kitchen. Fire regulations require that all lifts be lined with sheet metal with a metal-covered door at the main kitchen, as well as at all diet kitchens.

Nurseries in some of the new hospitals are too small, and no provision has been made for a sink. No connections whatever were made in some of the plans for running water. Some nurseries are not large enough for a service table.

Signal bells in private rooms in one hospital are all on the opposite side of the bed and nurses have to walk around the bed in order to turn them off. All wards should have a night light near the floor which could be turned on without disturbing all the patients.

Some of the new hospitals complain of the difficulty in admitting *stretcher cases*, which indeed creates a problem, with only one or two nurses on duty. In one hospital the morgue is across from the kitchen, and bodies must be carried downstairs by the nurses.

Sterilizing rooms in some of the hospitals are not large enough for a work table, or for a cupboard to hold the supplies.

Other hospitals complain that their *ward doors* are not wide enough and casings are being chipped. They should be at least six inches wider than the beds.* In my estimation all wards should have a retractable door which will give a five-foot opening. All doors should be equipped with hook handles which the nurse can operate with her arm.

No provision was made in any of the new hospitals for the *storage of winter vegetables*. Vegetables should be stored in a proper vegetable cellar away from the hospital. The janitor can very easily carry over a fresh supply to the hospital two or three times a week, or as required. These outside vegetable cellars are not expensive; Vulcan erected one at a cost of \$176.00. The major expense is the excavating and lighting. Through experience it has been found that these root cellars require two ventilators instead of one for perfect storage.

All municipal hospitals, before construction, must employ the services of a registered architect who shall prepare a plan of the building. Before construction is commenced, this plan must be approved by the Provincial Board of Health in accordance with the minimum regulations under both the Municipal Hospitals Act and the Hospital Regulations.

*A width of 3 ft. 9 in. is generally recommended.

In conclusion, might I suggest that the Alberta Association of Architects be approached by this convention with a view to having its members consult each other regarding small hospital plans, so that some uniformity may be achieved and some of the errors to which I have referred be overcome.

Moncton Hospitals Report Group Hospitalization Experience

The annual report of the Group Hospitalization Service Commission of the Moncton Hospital and the Hotel de l'Assomption of that city for the year ending August 31st, 1944, has been received. Covering 3,175 participants this plan makes a helpful contribution to our statistical data on the experiences of hospital care plans.

396 patients, 12.47 per cent of the participants, received hospital care.

9.3 per cent of the 825 male participants received care.

16 per cent of the 1,365 female participants received care.

10.25 per cent of the 985 children covered received care.

The average days of hospitalization was 8.85 in one hospital and 8.39 in the other.

The average cost per person was \$48.17 and \$45.64 in the two hospitals.

However, when treated in outside hospitals (34 patients) the average stay was 11.38 days and the cost \$62.17.

For all patients the average stay was 9.04 days and the average cost \$49.05.

Data Sought Respecting Proposed Hospital Construction

The various hospital associations have been asked by the Canadian Hospital Council to obtain information from their member hospitals respecting proposed construction during the postwar period. This information is being requested in order to obtain a reasonably accurate idea of the amount of construction likely to take place during the next few years.

It is desirable to have this infor-

mation for the use of the governments, should there be a possibility of obtaining low interest loans from government sources to facilitate the construction of urgently needed additional accommodation. Hospitals are urged to supply this information without delay upon receipt of the inquiry from their association or conference.

Why An Auxiliary?

TO everyone in the community the hospital should be of the greatest importance, not only because of the part it plays in curative medicine but also because of the part it plays in preventive medicine. One of the best ways for a hospital to receive good advertising is to have an active, well-informed women's auxiliary.

Organization

In organizing an auxiliary it is desirable that the contact in the community shall be as broad as possible—it should represent all the groups in the community. The chairman or president should be someone who has the ability to keep members interested and who is interested enough herself in the hospital to study existing hospital conditions and needs.

Once a group has been formed it is necessary to adopt a set of bylaws outlining the purposes for which it is formed and giving the details of the organizations by which it will function and carry out these purposes. As the auxiliary is organized by authority of the governing body (as are all groups connected with the hospital) its bylaws should be approved by that body. Upon adoption of the bylaws by the auxiliary and approval by the governing body (here I quote from Dr. MacEachern), "the women's auxiliary in its internal government is authoritative, subject to the policies approved by the governing body of the hospital. In its bylaws certain policies and detail have been laid down and duly approved. There is thus given to the auxiliary the authority to elect or appoint its officers and committees and to manage its internal affairs without reference to any outside authority. In this is included the

**By MRS. LEONARD SHAW,
Moose Jaw, Saskatchewan.**

control of membership, a duty which should be performed conscientiously and with care . . . Outside its internal affairs the women's auxiliary has no authority and must not attempt to exercise any in connection with the administration of the hospital". The success and future attainments of the auxiliary will depend upon careful thought being given to the initial setup. Caution and diplomacy must be exercised in the choice of officers and in adopting a constitution covering adequately all phases of procedure, which should be followed by the auxiliary conscientiously.

In all organizations there must be one authority. In the case of the hospital it is the governing body—who delegate all administrative authority to the superintendent. Therefore, all contacts of the auxiliary with the hospital should be made through the superintendent.

Again, from Dr. MacEachern: "Funds to be expended within the hospital or for its direct use should be turned over to the director with instructions as to the intention of the auxiliary. The director must have control of and be responsible for all expenditure within the hospital. Whether it be for purchase, maintenance or payroll, there is no justifiable reason for making an exception of the auxiliary.

"On the other hand, the auxiliary, having furnished the money, is entitled to an accounting to show that the funds have been expended in accordance with its intention." Receipts cannot be turned over to the auxiliary because, the purchases having been made by the hospital, the receipts must be retained by it for audit purposes. But the auxiliary

should be furnished with a certified statement of the expenditure.

Meetings

Meetings of the auxiliary should be held in the hospital preferably, rather than in homes, although it is largely a matter of where it is most convenient to meet and where facilities are available for work or tea. It is frequently more convenient to meet in private homes or in public halls, but meetings in the hospital have the advantage that they are "on location" and there is more intimate contact with the hospital personnel and with the actual needs of the hospital. If at all possible most sessions, if not all, should be held on the hospital grounds.

It is highly desirable that there be proper accommodation for these meetings. Many hospitals have a room which is either set aside for the work of the women's auxiliary, such as a sewing room, or have arrangements whereby a room will be cleared and made available at specified periods during the week. Such accommodation should not only provide the necessary chairs, tables, etc., including adequate lighting and heat, but should also either contain or be adjacent to facilities for a social hour. If the services of the regular kitchen are to be utilized special facilities, of course, are not necessary.

"Selling the Hospital"

There are many functions the auxiliary can perform once it is organized, and I feel that the most important of these is hospital advertising. The majority of people in a community become interested in the hospital only when they find that they must enter it. Because of this lack of interest the public ignorance of hospitals and how they function is

This address was presented at the recent convention of the Saskatchewan Hospital Association.

colossal. The average citizen knows for certain only one thing about a hospital, and that is that you must pay a week in advance before you can be admitted and if, by some gross error on the part of the hospital authorities you should be admitted without this payment, then you cannot get out without paying the total bill in cash. And this is only one of the many false rumours that the public believes about hospitals. I remember a few years ago on the train someone in a group of people asked me what a public hospital was. I was carefully explaining that a public hospital was a hospital not operated for profit. One man in the group gave a horse laugh and said: "Oh, yeah? Well, I happen to know that the chairman of the Toronto Western Hospital made a cool million at the job." Another time I was told in all seriousness that a friend of my informant (who, by the way, was of more than average intelligence) had gone to the hospital and no one had come near her for days. She had received no food, no medicines, no nursing attention—in fact no nothing until eventually her doctor remembered she was there and visited her, only to find that she was on the verge of death and that her nightgown had mildewed solidly to

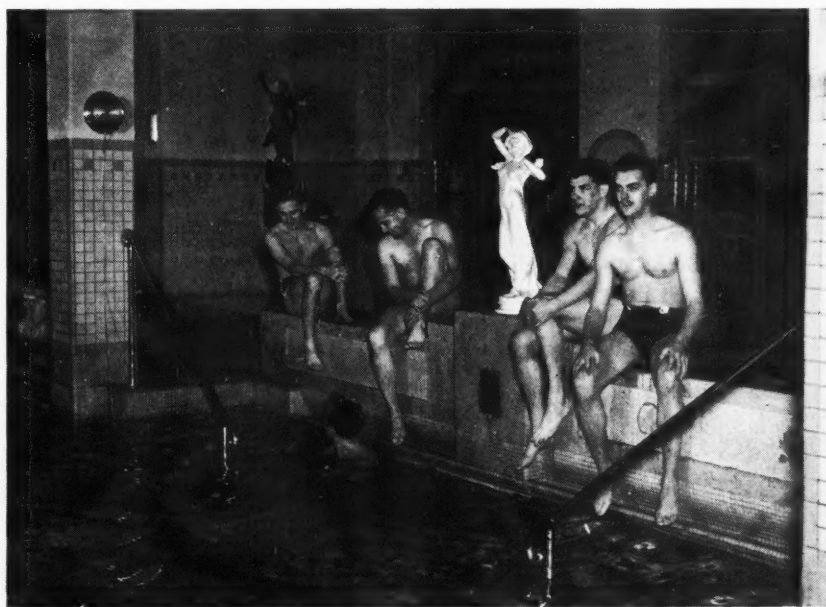
her wrists. It seems impossible that anyone could believe or repeat such ridiculous stories as these—and of course they are extremes—but these people were firmly convinced that they were true. This is where I believe a women's auxiliary can be of greatest use to the hospital—to inform the public why and how the hospital functions and to squelch false rumours. Every auxiliary member can be, and should be, a missionary and an interpreter to the community. Not only should she stop rumours and ridiculous stories but she should spread news of services in the hospital which have been improved, of new scientific equipment purchased, in fact anything to help better inform the public of what is going on in their hospital. She should be the public relations officer of the hospital.

There are many other ways in which the auxiliary can be of service to the hospital, ways that are familiar to all auxiliary members. First, it can help to make more pleasant the stay of the less well-to-do patients in the hospital by providing them with little extras they cannot afford. It could provide a motor club to take indigent patients to and from the hospital, or provide a patients' library, etc.

Secondly, it can help the hospital itself. Auxiliaries across the country have done this in large and small ways, from erecting a new pavilion to making jams and jellies for the hospital for the winter. Very often a special piece of equipment is purchased for the hospital, or some ward or room furnished. Auxiliaries have provided scholarships and loans to nurses and given prizes to outstanding graduating nurses. This line of endeavour has no limit and depends only on the needs of the hospital.

To accomplish any of these there must be complete understanding and co-operation between the hospital authorities and the auxiliary. If the auxiliary member is to act as a public relations officer for the hospital she must understand her hospital. She should have a knowledge of the organization of the hospital, a general idea of its financial picture, should know what is needed, should know why certain things must be done and why others are not. At the monthly meetings of the auxiliary the superintendent of the hospital should be present, if possible, and be prepared to furnish information which he may consider advisable. At other times members of the auxiliary should visit the hospital and be shown by the

(Concluded on page 66)



Airmen enjoy the indoor pool at No. 3 Convalescent Hospital, Toronto. This was formerly "Divadale", residence of Col. James Flanagan.

The Availability of Supplies

.... at the Present Time

TO-DAY, in making an appraisal of goods and their approximate amounts available to the civilian market, three basic factors must be very carefully taken into consideration.

1. *Availability of the raw materials.*
 - (a) their geographical origin
 - (b) all factors which might affect their output, not forgetting government regulations.
2. *Availability of labour, skilled and otherwise, necessary to convert the raw materials into the finished product.*
3. *Transportation of the raw materials to the manufacturer and of the finished article from the manufacturer to the ultimate consumer.*

A few months ago, as the equipping of the United States Armed Forces neared completion, there was a considerable easing in equipment items such as **sterilizers**, etc. This easing was perhaps accelerated by the fact that some of the authorities apparently became panicky and cancelled quite a few contracts. This allowed us to fill a lot of outstanding orders. However, as the invasion got under way this summer, many orders were reinstated, with the result that to-day the equipment situation has tightened up again to a considerable extent. In view of this development it might be well to mention the advisability of early placing of orders so that the supplier can take them into his calculation; when a lull occurs the order can be filled and the hospital then has the equipment. If the order had not been on file during the busy period, it would have had to take its place at the end of the line and possibly could not have been

Address at the November convention of the Associated Hospitals of Alberta. Mr. Manes is associated with Ingram and Bell Limited.

By **J. H. MANES, Esq.,**
Calgary, Alberta

taken care of before further government demands would have had to be met.

While there are, at times, delays and temporary shortage of **glassware**, there is no lack of raw material and the only difficulty here is one of manpower. This, of course, enters into the picture of nearly everything that we buy these days.

The **enamelware** situation has eased somewhat. The rigid standardization plan which limited enamelware to a few patterns and sizes has been broadened, allowing several additional items to be made.

The shortage in **rubber goods** has largely disappeared, due to the coming into production of the synthetic rubber plants in the United States and, more recently, the very large one in Canada which produces more synthetic rubber than we would normally use in the Dominion. Items which can be made from synthetic rubber, such as ordinary catheters, hot water bottles, invalid rings, etc., should now be in good supply, provided that the necessary labour can be secured to make them. On the other hand certain items, such as blood and intravenous tubing, special catheters where considerable elasticity is necessary as assurance against breakage, and all other items which must be made of natural latex rubber will become progressively more difficult to obtain. Although government authorities have been very understanding in making available a certain amount of natural rubber for these essential items, we must remember that our small reserves are steadily diminishing and are gradually being more and more

restricted to items of the very highest essentiality.

Most of the **dressing** manufacturers seem to think that they will have enough cotton to take care of everybody, but on the other hand, there have been periods in recent months when it has been difficult to secure sufficient dressings. As you know, there is a great shortage of textiles the world over. With the demand becoming greater and greater as occupied territory is liberated and the United Nations undertake to look after the clothing and textile needs of these people. I would be inclined to think that dressings of a textile nature would tighten. Adhesive plaster, as you know, was in a very bad position until recently, when the manufacturers seem to have been able to work out a very good mass employing mostly synthetic rubber. Previously they had used only natural rubber. We are told that any shortages in future will be largely dependent upon the textile backing of the plaster, together with the manpower situation.

The **surgical instrument** situation is complex. Many specialized instruments which had but a small sale are almost unobtainable as, by this time, practically all imported European instruments have disappeared. The United States surgical manufacturers have done a remarkably good job in producing so-called "bread-and-butter" items, but this has given rise to a number of conditions which must seem very strange to our customers unless they know what goes on behind the scenes.

Let us suppose, for example, that the United States Government decides to buy large quantities of a certain artery forcep. They will issue contracts to several manufacturers at the same time, and most of these

will begin to have instruments completed about the same time. Nearly all of them will produce a certain amount for their civilian business along with the government orders, with the result that overnight the situation will so change that an item which was not obtainable is now available from most manufacturers. Conversely, if these companies run out of stock of an item and have no government contract for that item, they may not make any for months, as usually they will be keeping their facilities fully engaged on other large volume runs.

As for **British surgical goods**, a very bad situation developed this summer; from June 6th until the first week of September only one cargo ship carrying goods from the British Isles came to Canada. The authorities were so busy following the invasion that as soon as they unloaded at the beachheads of Normandy they came back to this continent light for further loads of munitions, armament and other necessary supplies. In recent weeks, some goods have been coming along and the situation has eased a bit. With regard to **clinical thermometers**, we have been getting substantial deliveries during the year, but not suf-

ficient to meet the needs of our customers and build up a stock. The result is that when a shipment comes in it is promptly distributed among those customers who have orders with us; up to the moment, while we have kept everyone supplied for their immediate needs, we have not been able to give anyone all they want. It would look as though this situation will remain about the same, as again it is a question of manpower.

As for **drugs**, perhaps the drug which is giving the hospitals most concern at present is **codeine**. There is no relief in sight for the codeine shortage and, from all indications, this will become progressively worse. However, manufacturers are now replacing codeine, wherever possible, with **dionin** (ethyl morphine hydrochloride which is a close relative of codeine phosphate (methyl morphine phosphate)). Both dionin and codeine are derived from opium. Codeine is prepared by methylation of morphine and dionin by ethylation of morphine. Not only is the chemical make-up of dionin very closely related to that of codeine, but the properties of these two compounds are also very similar. Dionin in its

general systemic effect lies between codeine and morphine in potency. **Heroin** also is in very short supply.

Regulations of the war production board prohibit the packing of **magnesium sulphate** in wooden kegs; it is now packed in heavy lined waterproofed bags.

Methyl salicylate, unobtainable for many months, can now be supplied in any reasonable quantity.

Tr. arnica which reached us from Central Europe in pre-war times is now unobtainable.

Powdered rhubarb root, which came from China, is another war casualty.

Glycerine, which was very short for a long time, is now in good supply.

Potassium citrate is now much easier.

The **salicylates** are in much better supply.

Although **olive oil** is obtainable in small quantities, the price is prohibitive and its place in the hospital is being taken by Union salad oil which is readily obtainable at a very reasonable price.

To sum up, I would say that while directors of hospitals and institutions should not be encouraged to hoard supplies, they should on the other hand chart their needs and place their orders sufficiently in advance to ensure a little leeway in filling the order. Otherwise, if they do not order until they are almost out, they may find themselves temporarily out of stock.

Nazi Culture

The British press reports that in Florence Rosenberg (a Nazi agent) swiped 45 masterpieces, including the Medici "Venus," Donatello's "St. George" and paintings by Botticelli and Ghirlandaio. One of the pictures was abandoned by the fleeing thieves. It appears that one learned member of the "Rosenberg Commission," while cutting up the bread and sausage on a Ghirlandaio painting, damaged the canvas with his knife. He decided that the picture was spoiled and threw it away with the sausage skin.—*Soviet Information Bulletin*.



Convalescent Airmen regain their strength on the ski-trails near No. 4 Convalescent Hospital, Montreal.

Do You Know Your Laundry?

By A. W. SMITH, Asst. Superintendent,
Royal Victoria Hospital, Montreal.

I WONDER how many hospital administrators include the laundry in their rounds. This department of the hospital has caused the executive officer a great deal of worry due to the personnel difficulties, shortage of materials, equipment replacements and increased service costs. Let us for a few moments stop and open the door to this beehive of activity and see whether we are getting the most out of the employees' energy output.

Where would the well-run hospital be to-day without efficient laundry service, either on its own premises or through a commercial agency connection. Patients use a great deal of linen while in the hospital and sufficient replacements must always be available. Per diem costs vary considerably, depending upon the type of institution, its location, monthly or yearly average of occupancy, cost of supplies and help available. Below is a chart showing how the laundry costs in this hospital are broken down.

Essential Features

For any laundry to become a success, the following features must receive consideration:

Size: The plant must be able to meet the present demands and allow for future expansion; this should not be less than 25 per cent over present maximum demands, although 50 per cent is recommended.

Construction: The laundry must be centrally located and as accessible as possible. All roadways in use must be kept in good condition during the various seasons. Underground connections, covered overhead ramps or bridges, are exceptionally good, as they keep transportation difficulties to a minimum, provided they are not used for a good deal of other traffic.

Ventilation: We give no end of thought to this problem for operating rooms and nurseries, but nine times out of ten disregard it for the laundry. These workers, in many instances, work in temperatures of 100° F. or higher, in poorly-lighted quarters with no ventilation, yet we still require and demand that the linen washed be 100% free from infection, so that the patient in the operating room and the babies in the nurseries are protected. Let us start to-day, without delay, to treat these employees as persons and furnish them with proper working conditions.

Equipment Lay-outs: Experienced engineers, without charge, are available to survey and modernize present facilities in your institution; should you have a new plan under consideration they would provide blue prints in detail.

Be sure to allow yourself sufficient space, so that any new units under an expansion plan will fit into, without upsetting, the ideal lay-out.

General Equipment: To-day the laundry equipment suppliers, although with a greater market than ever, are facing keener competition than they have experienced in their history. As a result our hospital

laundries should be entering into a new era, with equipment planned for speed and production; styled to cut down the number of accidents; to reduce man hours, which means reduction in operating expenses; to cut down fatigue hours, which makes for better working conditions; and likely to lower linen inventories and provide for longer linen life.

Laundry Foreman

No matter what size your laundry is, or will be, some one person in the laundry must be held responsible for its operation. In the smaller hospital setups the *laundry foreman* could be the head washer or the chief over flat work. No matter who this person is, he must be made to realize that he is assuming the responsibility for the care of the linen from the time it enters the laundry until it leaves, and all must be accounted for. He should come to the institution with a general experience in laundry procedure and management. This should include: purchasing, washing formulae, care and general maintenance of the various pieces of equipment, knowledge of time, production and cost studies, ability to handle staff, and procedure to follow for weighing-in, sorting and checking methods, both by piece and by weight.

In addition to these requirements it is essential that he should have the following qualifications: (a) at least an elementary working knowledge of textiles and textures (it would be advantageous that he be kept posted on present day hospital trends as they affect the laundry department, through magazines, organizations, etc.); (b) be willing always to learn and to keep abreast of modern ideas and laundry work generally; (c) be obliging and co-operative in his contacts with various department heads; (d) be in good health and have a neat appearance. His slogan should be—

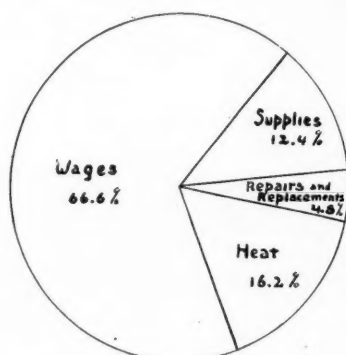


Fig. 1.—An Analysis of
Laundry Costs.

maximum production, minimum operating cost, long life for linen. He should always be on the lookout to eliminate waste. This is highlighted in the use of water and of soap.

Personnel

Our first thought should be to make this group of employees happy in their work. This can be achieved by giving consideration to their general safety and welfare and by making sure that they have proper lighting and ventilation and that the general maintenance of the plant is kept up. If not, we are asking for poor work, increased labour costs and costly repairs.

Qualifications Desired in Selecting Personnel

- (1) Experience—where necessary;
- (2) Good health;
- (3) Cleanliness;
- (4) Carefulness;
- (5) Acceptable age;
- (6) Dependability and honesty.

It is up to every hospital administrator to see that the laundry foreman provides a course of instruction which will teach all employees the following:

- (a) Respect for equipment and its operation;
- (b) The part played by the laundry in the general hospital set-up;
- (c) Procedures to eliminate accidents;
- (d) How to handle fire prevention;
- (e) Job rotation.

This last-named has at least six distinct advantages:

- (i) If a girl is absent, she can easily be replaced for a time by another who already knows the task;
- (ii) It serves as a change, since other jobs may utilize other muscles;
- (iii) The operators do not become imbued with the idea that they alone can do the job which they are doing and therefore think, without justification, that they are indispensable;
- (iv) The old adage "a change is as good as a rest" holds true here; it is restful to change jobs and positions;
- (v) It gives the laundry foreman a distinct opportunity to de-

	1	2	3	4	29	30	31	Total	Unit Cost	Total Cost
R.V.H. Wards										
" Blood Bank										
" Dental										
" Dietary										
" Hydro										
" Operating Rm.										
" Out Door										
" X-Ray										
" Univ. Clinic										
Ross Wards										
" Hydro										
" Operating Room										
" X-Ray										
W.P. Wards										
" Operating Room										
Allan Wards										
" Laboratories										
M.N.I. Wards										
" Operating Room										
Bacteriology										
Pathology										
Nurses Residence										
" Meredith (1)										
" " (2)										
" Univ. St. Hou.										
" Colwell House										
" Mer. Annex										
Dietitians Residence										
Total Poundage										
Washing Supplies										
Soap										
Metso										
Bleach										
Starch										
Sour										
Blue										
Number of Employees										
Wages										

Form 194

Fig. 2.—A composite of the form used to tabulate departmental poundage, materials used and general expenses. Below—This cost summary appears on the back of the larger form.

- termine at which jobs certain employees are best;
- (vi) It makes better team work.

General Laundering of Linens

The following points should be considered:

- (a) Time studies which will determine the number of collections for the day and the best time for them;
- (b) How dispensed. (Does the linen come directly from wards, floors), operating rooms, case rooms, etc.?) ;
- (c) System of replacements. (Is this worked out on a piece basis, covered by a requisition for im-

Laundry Cost	
Month of _____	
Wages	
Washing supplies	
Other	
Heating	
Electricity	
Misc	
Total cost	
Total poundage	
Cost per pound	
Total patient days	
Cost per patient day	
Poundage per patient day	

mediate replacement from linen room, or a standard ward or unit method?);

- (d) Delivery. (Does linen go to the laundry by bags, trucks or chutes?);
- (e) Infectious linen. (Sterlization through steam or special washing formulae, and method of conveying to the laundry);
- (f) Linen dating. (Gives a check on life of linen and which, if any, is missing).

Working Equipment

No matter what your system may be, adequate working tools are absolutely necessary, so make sure of the following:

(a) Required number of washers, extractors, flatwork ironer, pressers, ironers, etc. Good scales for weighing-in and sufficient space for sorting and checking. All equipment must be protected with safety devices. Sufficient trucks for soiled and clean linen, with ball-bearing wheels. Sufficient bags for the laundering of soiled and returning of finished work.

(b) Ample storage space. Sufficient rest rooms, with individual locker facilities. Toilet facilities, with showers and dressing rooms. Fire-fighting equipment. Shake-out tables. Feeding and folding device units. Sheet racks and any other devices to reduce handling and feeding.

Check Other Factors

Definite morning and afternoon rest periods for employees.

Salary schedules.

System of paying—piece, hourly, monthly, or incentive methods.

Painting—this covers walls and equipment.

Lighting.

Regular periodic inspection of plant and operating equipment by your engineering staff.

Organized accident prevention system.

Vacation periods.

Statutory holidays.

Insurance — insure employees against possible accident.

Transportation of employees.

Smoking in laundry.

Responsibility for losses and damaged goods.

ROYAL VICTORIA HOSPITAL DOCTOR'S LAUNDRY LIST

Mark

Name

Location

Room No.		Date		REMARKS
Against List	ITEMS	Rec.	Ret.	
	Shirts - dress			
	Shirts - Internes			
	Collars			
	Shorts			
	Handkerchiefs			
	Undershirts or Combinations			
	Socks			
	Trousers - white			
	Jackets - white			
	Towels			
	Pyjamas			
Rec. by		Ret. by		

Personal laundry list must accompany your laundry. If not, then you will have to accept count taken at the laundry.

Should there be an error, please keep this list.

FORM 159

Fig. 3.—Personal Laundry List.

Drinking water and salt tablets.

Music while they work.

Periodic medical examination.

Sick pay and hospitalization allowed.

Leave of absence.

Absenteeism.

Meals.

Termination of employment.

Supplies

Before the laundry foreman can produce efficiently, he must have the proper supplies. All of the larger manufacturing firms handling the various supplies used in the laundry are only too glad to make studies and tests which will point out where we may improve on production and costs. If you have not taken advantage of this field of information, do not delay any longer.

These firms will also give you proven formulae in detail, outlining the care and use of all ingredients necessary for perfect washing, cleansing, etc. Often they will go a step further and have a trained man

in their field spend hours, or days, with your employees, to ascertain if they are carrying out their instructions 100 per cent.

Once a formula has proved efficient for a given type of work it should be closely adhered to unless and until a better one is found; it is not advisable to change for an untried formula.

Forms

The laundry department is the same as other departments in the hospital when it comes to keeping track of its supplies, salaries and production. The forms used in the laundry should be as simple as possible, since the operators—whether pressers, flat workers or washers—must be in a position to understand the requirements and furnish the information with a minimum of strain.

Where working on a weighing-in or piece control basis, it is quite easy to arrive at a poundage or piece basis per department and patient.

Fig. 2 illustrates a form now in use in the Royal Victoria Hospital which gives a departmental poundage breakdown, as well as materials used and general monthly expenses. This is completed daily from employees' working sheets by the laundry foreman and takes very little of his time. The advantages are obvious, as it points out at a glance the total poundage per month, the cost per pound and poundage and cost per patient day.

Handling of Linen for Those Living In

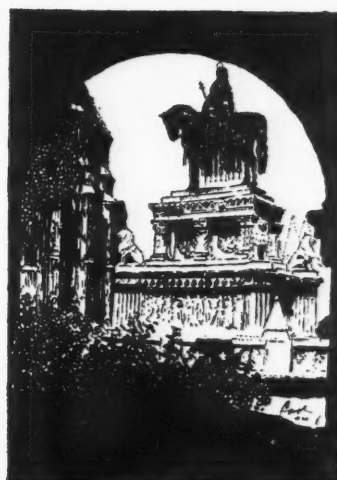
This phase of laundry work has always been a sore point and unless a definite check system is put into force, the cost of replacements will amount to a fairly large figure.

Every doctor, nurse, dietitian, maid and orderly living in must fill in his or her laundry list (Fig. 3). If this is not done, the hospital assumes no responsibility for articles lost.

Some hospitals set the maximum amount of work to be done weekly without charge. Work above that amount is charged for.

Notice that this laundry slip is checked in and out of the laundry and signatures of those doing the checking are noted in the spaces provided on the form.

Memories of Budapest



St. Stephen.

By The Editor

THE terrific "no quarter" battle for Budapest which was still raging when we went to press must have wrought irreparable damage to one of the most beautiful cities of the world. The utter disregard of the Germans for the architectural treasures of their satellite partner and the misuse of these places for military purposes left the Russians with no recourse but to attack the Huns where they gave battle.

A number of years ago the writer, in company with two other Canadian physicians doing post-graduate work in Europe, had the opportunity of

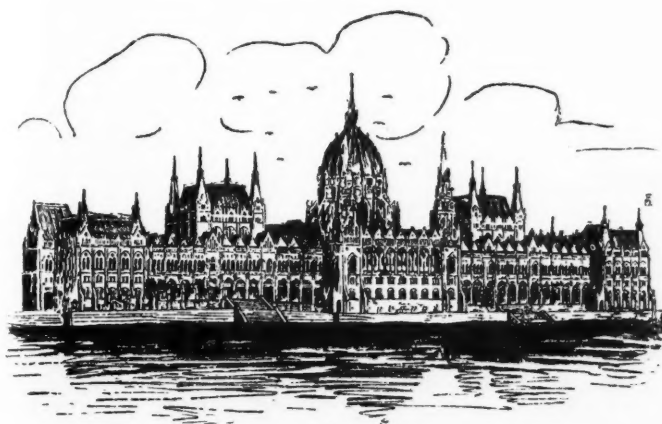
spending an all-too-brief period in this unique city astride the Danube. Prejudiced by the belittling remarks of their "superior" Danubian rivals, the Viennese, we were quite unprepared for the grandeur of this glorious city. We arrived by river steamer, one of those ludicrous little sidewheelers that pull down their hinged funnels and masts to crawl under the low bridges, just in time to see the sun set behind the high hill on the "Buda" side, silhouetting the Royal Castle, the Coronation Church, the Fisher Bastion and other edifices against a flaming summer sky.

The city was one of contrasts. The

Royal Castle, or Palace, far surpassed that of Vienna, though little used by Franz Joseph, and could only be compared with Versailles. The New Parliament Houses, costing 32 million golden crowns, the Palace of Justice, the Bourse and a score of museums and educational institutions were monumental works of art. The mineral baths were the most pretentious in middle Europe and even the bridges were gems of design. On the other hand in the old Turkish quarter the low houses built by the Turks during their occupation of the city 400-500 years ago were still in use, and horse cars plied on Margit's Island.

The old Basilica, dating back to the 10th century, reflected its changing ownership, the oriental decorations added by the Turks during their possession still showing in many places. A statue of St. Gerard stood atop high Mount Gerhardus (Gellert-hegy) whence the Turks threw the martyr to his death on the river-bank below; it was for this resistance to the Moslem, we were told, that the Greek Church permitted the Magyars to use the double cross, similar to the emblem now used on Christmas Seal stamps.

It was there that an unusual experience befell the three of us one day. At high noon we were walking under the beautiful trees which shaded the "Ferenc Jozsef Quai",



The New Parliament.



The Royal Castle.

This magnificent building, high on the Buda side of the Danube, has a location unparalleled among world capitals.

the broad riverside promenade which was the popular and fashionable "corso" where the best-dressed people strolled, and frequented the restaurants at noon and again in the evening. Across the busy river rose the great castle-crowned hill of the right bank, making it one of the finest promenades of Europe.

While doing so we noticed an unusually well dressed gentleman keeping just in front of us, apparently listening to our conversation, which was a mixture of English and *schrecklich deutsch*. Immaculately dressed in a very light tropical suit with a Panama hat, cane and light gloves to match, he made a striking figure with his large but carefully-groomed spade beard. In a few minutes he turned to us, bowed low

from the waist and presented his card. Could he speak to us for a moment?

He was Baron ———, one of the few of his generation of the Hungarian aristocracy who had survived World War I and the socialist revolution which followed. With little left but his wardrobe and his dignity, he was devoting his time to the welfare of the sons and daughters of his deceased friends. Thrown on their own resources, with a background of culture and education ill fitting them to earn their own living, these young men and women were having a difficult time indeed.

Realizing that the future of Hungary lay in closer relations with Great Britain, The United States and France, he had formed them into an

"Englischklub". Once or more a week they met for dinner, discussion and some dancing. German and Magyar, their two normal languages, were forbidden at these meetings. All conversation must be in English; if they could not think of the English word, a French word or phrase might be substituted. Would we join them for supper that evening in the garden cafe of the St. Gellert and let his proteges practise their English on us?

We would and we did. The St. Gellert was the most sumptuous mineral-bath hotel in middle Europe and we found them in the delightful terraced cafe back of the institution. They were an interesting group. My companion at dinner, which was simple in keeping with their pocket-



The Bourse.



Szechenyi Bath.

books, was the daughter of the former governor of Transylvania, a young lady whose mental ability and linguistic talents had already obtained for her a secretarial post in the new government. From her I received much information respecting the long conflict between Hungary and Roumania over the possession of Transylvania; of their smouldering resentment against the Austrian attitude of superiority towards them; of their fear of German aggression in the future; and of their arts and literature. I fear that I contributed little that evening towards improving the accent of other members of the club.

Returning that night it was my



Terraced Garden of the Royal Palace.

New Agreement with Dependents' Board Approved by Council

The new agreement for the care of soldiers' dependents proposed by the Dependents' Board of Trustees and revised by the Canadian Hospital Council has now been approved by both bodies. This agreement retains most of the features agreed to in March of last year, but makes some changes in the schedules for extras.

After consultation with the various hospital associations across Canada, it has been agreed that a definite schedule of charges for a wide range of extras should be recognized and that other extras should be included in the room charge without further itemized charge, except in certain items of special medication where the cost would be abnormal.

This arrangement, although agreed to by the Canadian Hospital Council, is not necessarily binding on the individual hospital. Nor will it affect

the special arrangement made in Manitoba. The date for this new schedule's coming into force has not been determined as we go to press, but it is anticipated that the arrangement will date as of February 1st. Details of the revised schedule as adopted will be published in the March issue of *The Canadian Hospital*.

No Nurse Shortage in Canadian Forces

There is no shortage of nurses for the Canadian Forces, according to Matron-in-Chief D. I. MacRae. There is a reserve of between 200 and 300 nurses in civilian employment awaiting the call if more are needed.

In commenting on the present shortage of personnel in the United

fate to commit a *faux pas* which no Continental would have made. Directing the taxi driver to the young ladies' address, I waited until I saw the janitor unlock the door, then drove off. Not until I was paying over the 180,000 korona demanded by the taxi driver (only about \$2.50, but double rates because of being an "American") did I realize that courtesy would have required me to pay the doorman's fee for unbolting the door after 10 p.m.

States Nursing Corps, Col. MacRae stated that the United States estimates of the number of nursing sisters required are higher than R.C.A.M.C. estimates; however the Nursing Corps used personnel in x-ray and other duties performed in the Canadian service by technicians.

According to "Canada at War", No. 42, "More than 3,782 women were serving as nursing sisters or doctors in the armed forces by November, 1944. In the Royal Canadian Navy nursing service were 282, including 75 serving in Newfoundland and 21 in Scotland; in the Royal Canadian Army Medical Corps, 3,041, of whom 2,069 were serving overseas; and in the Royal Canadian Air Force, 401, of whom 49 were serving overseas, including four in France. There are 58 women doctors in the services—seven in the navy, 40 in the army (six overseas) and 11 in the air force."

Obiter Dicta

Manitoba's New Health Plan

HARD on the advanced programme for hospital care made public some weeks ago (see *The Canadian Hospital* for December last) the Manitoba Minister of Health and Public Welfare has now announced a comprehensive and far-reaching programme of medical care, briefly described in this issue (page 50). Much credit for this leadership is due to the Hon. Ivan Schultz and to his hard-working deputy, Dr. Fred W. Jackson, who knows all there is to be known about the difficulties of country practice and has been working on the practical details of this plan for many years.

More extensive than the hospital programme, the present proposal is designed to provide adequate preventive, diagnostic and medical care in every part of the province. Health units are to be set up in strategic locations to undertake health education, control communicable disease, conduct immunization work, develop clinics of different types, direct sanitary supervision, supervise hospitalization of indigents, etc. The capital cost for new hospital construction, estimated at one million dollars, will be borne by the municipalities, the expansion programme to be generally directed by the new Manitoba Hospital Council. However, a standard type of x-ray apparatus is to be installed in every rural hospital with a trained technician in charge. Adequate laboratory facilities are to be provided and full-time radiologists and pathologists located where they can freely supervise the work done. Also the provincial grant is to be increased from 40 cents to 50 cents. The province is to contribute \$34,000 for nursing stations in unorganized areas. As for Winnipeg the creation of a large "medical centre" grouping two or more large hospitals is envisioned.

Careful study of this plan by medical and hospital groups will be awaited with interest. That it contains

many features leading to better health care in rural Manitoba is obvious. The provision of adequate hospital facilities throughout the province will mean much both to the sick and to those caring for them. It will be interesting to observe the extent to which hospital accommodation can be provided by the municipalities under this plan; what effect, if any, there will be on the voluntary support given to hospitals; and how closely the actual cost of the programme will come to present estimates. What effect will this programme have on the economics aspect of the practice of medicine, an aspect which cannot be ignored in any long-range plan?

One problem has already risen—that of salary levels for the highly-trained professional and technical personnel required. Certain top salaries are not sufficiently high right now to permit much scaling down for other posts, that is, if competent and adequately trained individuals are to be obtained—and retained.



The Disposal of War Surpluses

THE attention of the hospitals is directed to the article on the disposal of war surpluses by Mr. G. H. Lash of the War Assets Corporation in the January issue of *The Canadian Hospital* (page 35). Several administrators have sent their list of needs to the Canadian Hospital Council. Mr. Lash has stated that:

"Public hospitals wishing to avail themselves of priority rights should file their potential requirements through either their municipal or provincial government."

If public hospitals wish to place their business through

an established dealer, this could be done. This is the only avenue of contact for a private hospital.

However certain priorities are recognized: (a) the Federal Government, (b) the Provincial Governments, and (c) the Municipalities. Universities, colleges and hospitals operated on a "public or semi-public" basis are included under the heading "municipalities". It is apparent that "public" as already recognized by various Governmental departments would cover not only municipal, civic or union hospitals, but also those lay or religious voluntary hospitals which are non-profit, receive provincial payments for the care of patients and are listed as public hospitals by the province. It is not so clear what is meant by "semi-public". Public hospitals, therefore, can obtain priority consideration by filing their lists of needs with their municipality or province. The Corporation will then notify them when such surpluses become available.

Both Mr. Carswell, the President of the Corporation, and Mr. Lash have stated that it is the policy of the Corporation "to sell abroad everything that becomes available abroad and that can be sold there". As noted in an earlier issue this may mean the loss to the Canadian hospital field of much equipment difficult to obtain here, equipment which may have to be disposed of abroad at a small fraction of its worth. Mr. Lash has assured us, however, that this "policy will not be applied to the hurt of the home interests". He adds, "If, for example, hospital equipment is declared surplus abroad but is needed in Canada, it will be returned to Canada for sale if the economics attendant upon such a procedure are sound". In the light of this statement hospitals should file *without delay* a list of any equipment which they would be willing to buy at a reasonable price, either now or in the early future. Such lists might include x-ray equipment, O.R. lights, operating tables, anaesthesia machines, sterilizers, microscopes, cystoscopes and other types of 'scopes, gatch frames, fracture tables and apparatus, physiotherapy equipment of all types, etc., etc.



Doctor B. T. McGhie

CANADA has been fortunate in its deputy ministers of health—men who have borne the brunt of carrying on the highly diversified work of their departments through the disturbing vicissitudes of political change. These men have a difficult task, pioneering into fields until recently at least of little political value and consequently often the last to be approved in cabinet conclave; they must reconcile their public health responsibilities with the requirements and viewpoints of the practitioners of medicine; they must choose between offending the underpaid hospitals and the already highly-taxed municipalities; they must on occasion temper their policies and subordinate their views born of experience to the programme of the newly-elected party in power; they must never make a mistake lest the wolves of patronage catch up with them; above all, they must be men of vision, judgment and courage.

The death of Deputy Minister Bernard Thomas McGhie removes one of our most valued public servants from our midst. Under his leadership two of his major interests, public health and psychiatry, made striking advances. It was during his period of direction over the mental services of Ontario that the whole organization was revolutionized and a programme of training and advancement instituted which quickly rejuvenated the whole service. A former hospital administrator himself, he talked the language of hospital people and had to an unusual degree the confidence and trust of those engaged in the field of general hospital care. The high honours accorded him by his associates in public health work attest to his qualities of leadership. The heavy responsibilities of these war years, added to the growing routine work of the Department, must have been a determining factor in his premature death. Organization of the medical aspects of the A.R.P. programme, emergency training of nurse volunteers, service on the C.M.P.A.B. and other war work laid a heavy strain on his already overtaxed constitution; in fact, he could be considered a war casualty in the broad sense, almost as much as though he had fallen on the field. He will be sorely missed by the many who sought his counsel and advice, who shared his enthusiasm for progress, who enjoyed his humorous sallies and who appreciated the frequent factor of courage in his "no".



Misuse of the Blue Triangle

RECENTLY a spokesman for voluntary medical plans voiced the comment that these plans would make better progress if they could adopt some symbol comparable to the Blue Cross which is known all over English-speaking North America as the insignia of the hospital care plans. In keeping with this sentiment there has been developed a number of "Blue Shield" medical plans. More recently there has been set up in Massachusetts by the Bankers' Association a "Blue Triangle" plan, the purpose of which is to permit a patient to pay his bill in instalments to a bank, which in turn advances the amount to the doctor, provided the latter endorses the patient's note. The plan has been approved by the state medical and dental societies.

This plan would seem to have considerable merit—its basic conception has much to commend it; however one questions the ethics of appropriating a symbol, the Blue Triangle, which has been the recognized badge of the Young Women's Christian Association for many, many years. Like the Red Triangle of the Y.M.C.A., the Blue Triangle of the Y.W.C.A. has become known throughout the world, in peace and in war, as the friend and counsellor of youth. Its adoption by another organization and its probable widespread display in publicity literature will prove both confusing and harmful. Dog hospitals and so-called shoe or watch "hospitals" have not been permitted to use the Red Cross symbol; the Blue Triangle (or the Red Triangle) should have similar protection. Charters or letters-patent permitting the use of the Blue Triangle for other than its established international purpose should not be granted in any province or state.

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:

On Christmas Eve I was taken by Colonel K. G. Morden of the Canadian Military Headquarters Staff in London to a party due to the generosity of some of his colleagues. Instead of having a social gathering of their own they had decided to give presents and ice cream to the children in the principal children's voluntary hospital in London, commonly known from its location as "Great Ormonde Street". The party was joined by Colonel Anglin, the Head of the Department, whose early years as the son of a well known psychiatrist were spent in hospital surroundings, and the Bishop of Kensington. It was one of many similar gatherings which have been held not only in London but in different parts of the country where Canadian Forces have been stationed and are leaving memories to be treasured in times when every bond of unity will make its contribution to the peace of the world.

The Hospital for Sick Children in Great Ormonde Street was the scene of the work of the late Sir Frederic Still, who was the first physician to establish a children's department in a large general hospital, and possessed an international reputation. He was succeeded by Dr. Frew from Newfoundland who is now senior physician. The hospital is one of four in the immediate neighbourhood of Queen's Square, which is familiar to a large proportion of the medical profession as containing the institution where they passed their early examinations.

Child Welfare Developments in Britain

Situated in the West Central district it suffered quite a good deal in the aerial attacks of 1940 to 1941 and has not wholly escaped in more recent Hun activities.

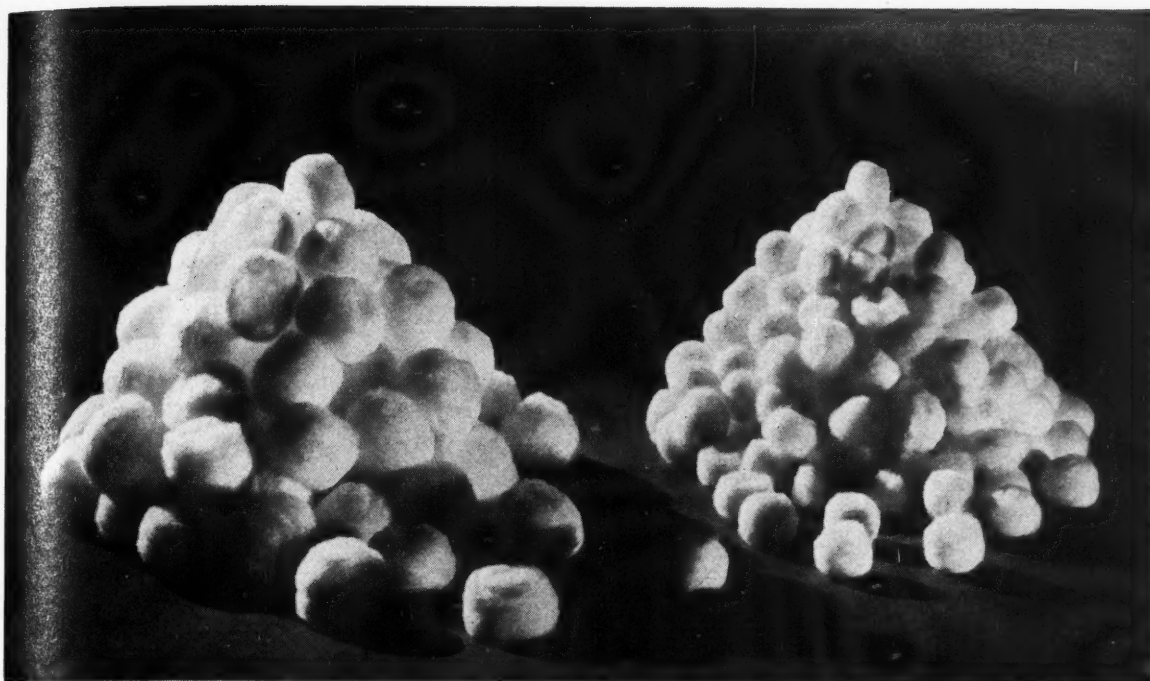
Hospitals for special purposes began to come into existence in London just about one hundred years ago and this one for children was established in 1852. Others were founded in different towns throughout the country. The welfare of the sick child makes a strong sentimental appeal so that these voluntary hospitals have generally flourished financially as compared with others. Public opinion is now becoming more enlightened and more attention is being paid to health as distinct from the sickness of the child on lines which have been familiar in Canada for many years. The Great Ormonde Street Hospital like the Toronto Hospital for Sick Children, has a feature unique in the hospital world. The latter has a proprietary interest in a newspaper, through a generous benefactor, while the former owns the copyright of Peter Pan, through the generosity of Sir James Barrie.

The Nuffield Foundation have provided funds for the establishment of departments of child health. They recently allocated £100,000 to the University of London for founding a chair of Child Health of which the

Professor will be in charge of an Institute to be established in association with the Great Ormonde Street Hospital. Professor J. C. Spencer, who holds a similar post in Durham University and has a department at the Royal Victoria Hospital in Newcastle-on-Tyne, has just published his first annual report. In May 1944, a Child Welfare Clinic was started in collaboration with the health department of the Newcastle City Council. This serves as a training centre for doctors and nurses taking up welfare work. The teaching of undergraduate students in child health is now well established; each student does three months' work in the department. More recently Professor N. B. Capen has been appointed to a chair of Child Health in Liverpool University. The work is done in conjunction with the Alder Hey Hospital, which is one of the Liverpool City hospitals, and the Royal Liverpool Children's Hospital, which is under voluntary auspices.

The Nuffield Trust have also recently given some encouragement to the first of these departments to be founded in Great Britain, which was established in 1931 in Edinburgh University. They have made a grant for research in infant dietetics and on problems of the new-born period.

Slowly it may be, though one may hope surely, the example of Canada is being followed in the care of child health, though the mothers, especially those who have not come under the direction of the local authorities by attendance at the maternity and child welfare clinics, have yet to learn to submit their children to regular medical attention in their early years.



SAVE TIME AND LABOUR WITH CURITY MACHINE-MADE COTTON BALLS

The success of Curity machine-made hospital surgical dressings is being repeated with Curity machine-made Cotton Balls.

Curity Cotton Balls are absolutely uniform. They are spirally wound which assures a non-collapsible firmness, their

standard size assures economy of medication, and with the shortage of nurses, the machine-made cotton balls save time and labour.

That is why hospitals by the hundreds are changing over from the old hand-made type to Curity machine-made cotton balls.



Curity stands for the finest in research and scientific attention to the manufacture of gauze, cotton, adhesive tape and combinations of these products. It is responsible for the unmatched quality of Curity Sutures.

Products of

(BAUER & BLACK)

Division of The Kendall Company (Canada) Limited, Toronto, Ontario



RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

Curity
REG. IN CANADA

National Health Programme

Proposed by Prominent U.S.A. Group

MUCH interest has been created by the publication of "Principles of a Nationwide Health Programme" prepared by a group of 29 prominent health workers known as the "Health Workers' Conference". Well-known members of this committee are: Michael M. Davis, Director of the Committee on Research in Medical Economics; I. S. Falk, Director of the Social Security Board at Washington; Dr. Hugh Cabot of Boston and Dr. C. E. A. Winslow of New Haven. Representatives of the hospital field are Dr. N. W. Faxon of Boston and Dr. Basil C. MacLean of Rochester, N.Y., both former presidents of the A.H.A.

In this conference of physicians, economists and administrators different points of view were represented. All were agreed, however, that good medical care is essential, that the need for medical care is now insufficiently met for large numbers of persons and that public action is required on a nation-wide scale, as well as action by voluntary organizations and by individuals. Each person has participated in the conference as an individual, not as the representative of any agency. It is interesting, therefore, to note the general conclusions reached by this representative body of leaders in the health field.

Proposals

a. A national system of contributory health insurance is recommended, combined with taxation on behalf of people without sufficient income, with preventive services and with needed extensions and improvements of facilities.

b. Ten principles are presented:

1. Comprehensive coverage and service;
2. spreading of costs;
3. distributing of facilities accord-

ing to community health requirements;

4. encouragement of group medical practice with hospitals as professional service centres;
5. determining policy through participation of those who receive and of those who furnish service;
6. responsibility of the professions for strictly medical activities;
7. freedom for physicians and patients;
8. adequate payment of physicians and hospitals by methods which encourage quality and promote economy of service;
9. a national system;
10. local administration of services under national standards.

c. A health programme should not wait for general economic reforms, nor could its purposes be accomplished through such reforms alone. However, it can be assisted, and should be accompanied by, better living and working conditions, better nutrition and a higher level of general education, particularly on health matters, for there must be ample provision of such medical facilities as hospitals and health centres and such personnel as physicians, nurses and technicians.

d. The best medical care requires co-ordinated instead of individual practice. An organized group of doctors with pooled use of equipment and assistant personnel and in affiliation with a hospital, represents the most desirable form of service. This provides more economy in the cost of service, better quality of care and improved professional opportunities and more assured income for physicians.

General Outline

(a) The health programme should be a national system with decentral-

ized administration of services. There should be a unified national collection of funds.

(b) National standards should be set up, covering, for example, the certification of specialists, the acceptability of hospitals, the amounts and methods of payments to hospitals and physicians, conditions of service and the adjustment of complaints.

(c) There should be responsible participation of local people, physicians and agencies (governmental and voluntary) in the administration and control of their health services under national standards.

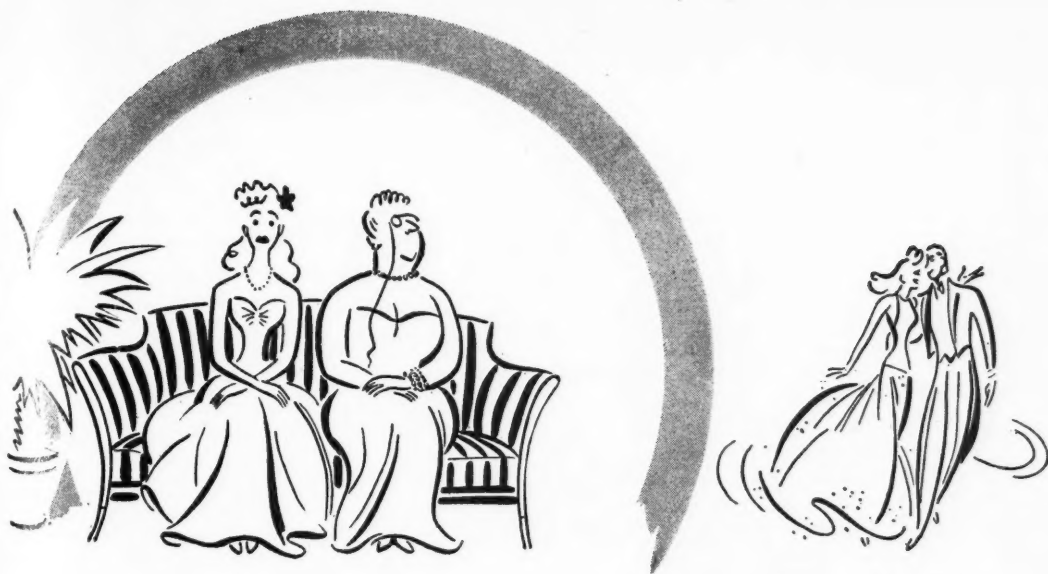
(d) Local areas should be on a postal basis, rather than be limited by boundaries of cities, counties, etc.

(e) Voluntary agencies should be utilized as well as governmental agencies.

(f) All or most of the population should be included in the plan. Indigents should be covered.

(g) Chief support should be contributory insurance required by law, the amounts of payment from employees, employers and self-employed persons being related to the earnings of the contributors; this support should be combined with amounts raised by general taxation. The contributory principle makes service a right, and disassociates it from the onus of charity. Eliminating all or part of the contribution from employers and employees and utilizing taxation instead, would require an increase in income or other taxes.

(h) The programme should include general tax funds from the start, especially to aid (i) new or improved hospitals and health centres, (ii) further extension of full-time public health departments and other preventive measures, (iii) provision of better medical services to persons not directly covered, including the chronically ill, the disabled and the aged.



For Security

Reassuring indeed is the care which veteran control scientists use to guard the purity of Abbott Intravenous Solutions in Bulk Containers. These technicians faithfully check and re-check throughout production, taking every worthwhile precaution to guarantee sterility and freedom from pyrogens, foreign particles and dissolved chemical impurities. They make certain that all solutions are made from freshly distilled water and that the chemicals used meet the same high standards that are required in the manufacture of ampoules. They draw representative samples at strategic stages of production and subject them to rigid biological tests, as well as to exacting determinations of pH and drug content. If one sample fails to pass their scrutiny, the entire lot is rejected. Finally, the sealed bottles are inspected individually for color and clarity and each cap is vacuum-tested to insure an airtight fitting. In the aggregate, Abbott's control measures and manufacturing safeguards spell peace of mind for the hospital buyer and security for the patient, protecting against the possibility of dangerous reaction. For complete information on Abbott Intravenous Solutions in Bulk Containers, see your Abbott representative or write direct to ABBOTT LABORATORIES, LTD., Montreal.

SPECIFY

Abbott

Intravenous Solutions

in bulk containers

(i) Rural medicine should be developed by providing capital funds for the construction of needed hospitals and health and diagnostic centres and for the enlargement and improvement of existing institutions by promoting organized arrangements whereby laboratory facilities and the services of specialists can be made available; by extending public health services and by co-ordinating them with curative services; by promoting programmes for medical education of physicians in rural practices.

(j) Beneficiaries should be entitled to choice among physicians, hospitals and other agencies of service. Physicians should have the right to accept or reject patients, to participate or not to participate in a plan, to be represented in negotiations through organizations of their own choosing, and the right to furnish services as individuals or as groups.

(k) Voluntary agencies providing services of acceptable standards should have the right to participate in the system.

(1) Voluntary hospitals would remain as independent agencies, which would make individual or group contracts for furnishing services. Certain agencies, like Blue Cross plans, might be recognized as administrative agencies of a public system in certain areas, where such recognition would contribute to the efficiency and economy of the whole system within that area.

Compensation for Physicians

Compensation should be adequate, should be estimated in terms of annual income, should be commensurate with skill, experience and responsibility. The methods of payment should be such as will maintain professional competition and will discourage financial competition among physicians, should whenever possible be on a basis not directly related to the amount of service supplied to any individual patient. Three methods of payment, or combinations of these, should be recognized: salary, capitation and (under certain conditions) fee for service.

Specialists

Specialists in the various fields should be designated as such by professional bodies under national standards regionally and locally ad-

ministered. In order to meet present conditions in various communities, these local conditions must be considered as well as the specialty board requirements in certifying specialists and consultants.

Group medical practice should be encouraged.

Hospitals

Hospitals should be encouraged to function as medical service centres, offering preventive, diagnostic and treatment services for bed, ambulatory and home patients and providing office facilities for the physicians on their staffs. Hospitals can advance in the direction of becoming medical service centres by gradual steps. A number of leading hospitals have, for example, supplied space within their buildings or in an adjoining building, for the office or "clinic" practice of their staff physicians.

Hospitals acting as medical service centres would be encouraged to take this step if the plan adopted were to assure the right of physicians to

practice as they wish as salaried members of hospital staffs and to be compensated accordingly and would assure to hospitals compensation covering services rendered by salaried physicians on their staffs.

Every physician should have access to the facilities of a hospital or a clinic to perform services which are within his professional competence. For this purpose his professional competence should be determined by the hospital authorities and their professional staff, acting under the nationally established standards.

Standards for hospitals acceptable to furnish services under national law should be determined by the administrative authority with the advice of a council familiar with professional services and with hospital administration.

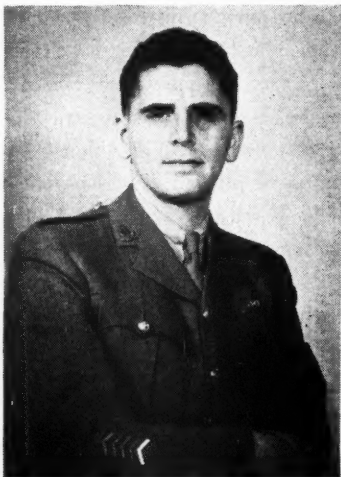
Special provision should be made for meeting the needs and maintaining the standards of hospitals which are directly associated with medical schools.

Public funds from federal, state or local sources, or a combination of these, should assist in constructing new hospitals and in enlarging or improving existing institutions. Such action should only be taken after adequate investigation and on condition that the proper organization and utilization of facilities would result.

Administrative Organization

This organization is presented only in broad terms. Policies would be determined nationally by a body representative of the chief groups of those who receive the services and of those who furnish them. The same procedure should be followed at local and intermediate levels. Considerable local responsibility would be provided. The extent of this "functional area" might vary depending upon the local situation.

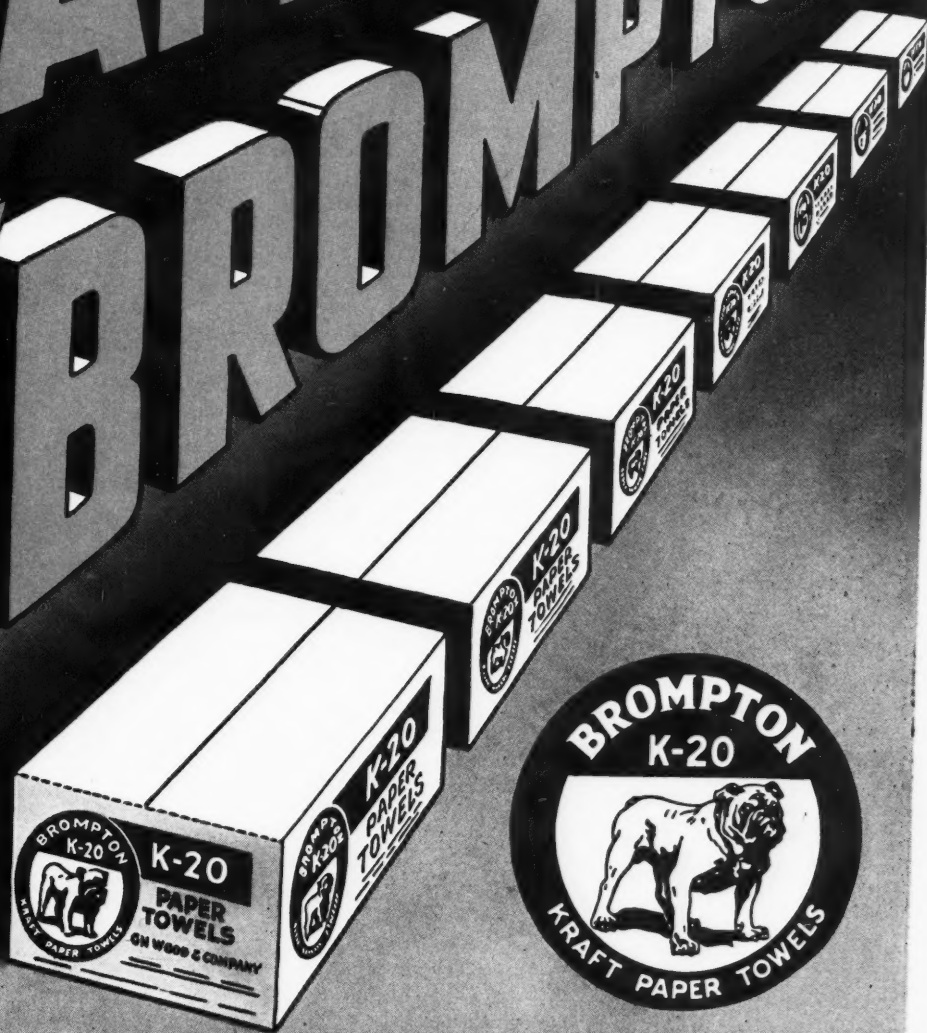
Administrative responsibility should be divided functionally, on the operating level, between the professional and the financial field. Administrative officials should be removed as fully as possible from partisan political pressure. Administrators of all professional and technical aspects of the programme should be qualified professional persons. Necessary advisory bodies should be set up, not only on the national level but also on intermediate and local levels.



Dr. W. R. Feasby

who is the medical assistant to the superintendent of the Toronto Western Hospital. Graduating in 1937 from the University of Toronto, Dr. Feasby spent 1938 and 1939 at the Toronto Western as resident. Upon the outbreak of war he went overseas with No. 5 General Hospital. Upon his return to Canada Major Feasby worked with the Medical Research Division until assuming his new post in Toronto.

PAPER TOWELS by BROMPTON



G. H. WOOD & COMPANY LIMITED

EXCLUSIVE DISTRIBUTORS

323 KEELE STREET • TORONTO

440 ST. PETER STREET • MONTREAL

BRANCHES • HALIFAX • SAINT JOHN • QUEBEC CITY • SHERBROOKE • OTTAWA • KINGSTON • HAMILTON
LONDON • WINDSOR • WINNIPEG • REGINA • CALGARY • EDMONTON • VANCOUVER • VICTORIA

FEBRUARY, 1945

Estimating the

Patient-Nurse Ratio

WHAT should be the patient-nurse ratio for general hospitals?

What difference is there in the ratio for graduate, as compared to undergraduate, nurses?

What nurses should be included in making the estimate?

Is there a formula which takes into consideration the weekly hour schedule?

(The above questions were forwarded on to the Canadian Nurses Association for an authoritative reply. This was promptly received from Miss Gertrude M. Hall, General Secretary, who has given us kind permission to make this reply available to our readers.)

In Canada we have no counterpart of the Manual of the Essentials of Good Hospital Nursing Service, published by the American Hospital Association and National League of Nursing Education in 1942. A great many administrators are, therefore, using the American Manual, which contains some very useful tables giving the nursing service measures or norms according to services and in different types of accommodation. These tables could be suggested as a guide and are found on pages 37-43 of the aforementioned manual.

Many administrators with whom I have discussed the problem of staffing wards to provide adequate nursing care for patients have assured me that they have found it more satisfactory to compute the nursing personnel required for each service on the *nursing hours required*, rather than on the basis of a ratio of one nurse to two or three patients, depending upon whether it is a ward or semi-private unit.

Factors Affecting Ratio

It will be readily understood and agreed that certain factors will influence the total time requirements, especially bedside nursing hours, in different institutions and in different ward units in the same institution. These include: (1) The nature of the bedside staff, whether entirely graduate, or partly graduate and partly student; (2) the allocation of functions to professional and non-professional workers, and to nursing students; (3) the frequency with which nursing procedures are performed, particularly procedures that require a relatively long time, such

$$\begin{array}{ccccccc} \text{Daily Average} & & \text{Average} & & \text{Days} & & \\ \text{Patients} & \times & \text{Bedside Hours} & \times & \text{in Week} & & \\ & & \text{per Patient,} & & & & \\ & & \text{in 24.} & & & & \\ \hline & & \text{Weekly Hour Schedule of Bedside Nurses} & & & & \text{No. of Bedside} \\ & & & & & & \text{Nurses Needed.} \end{array}$$

as cleansing bath; (4) the techniques used in carrying out procedures and treatments; (5) the kind and frequency of treatments ordered by the medical staff and performed by the nursing staff; (6) the size of the visiting medical staff; (7) the scope of the medical activities in the hospital, such as medical research and medical education; and (8) the construction of the ward and arrangement of working facilities. This latter, it may be added is an all-important factor and one which is too often passed over as something about which little can be done. Too much emphasis cannot be placed upon the importance of studying the physical facilities with a view to correcting some, at least, of the more glaring deficiencies, which do complicate and add to the nursing time required for the care of patients.

Although the operation of one or more of the above-named factors may influence the total time requirements, it is possible that they will not affect in any considerable degree the units of measure used in the Manual. Moreover, any principle or policy outlined must necessarily be accepted as a guide and modified with reference to particular conditions found in particular institutions.

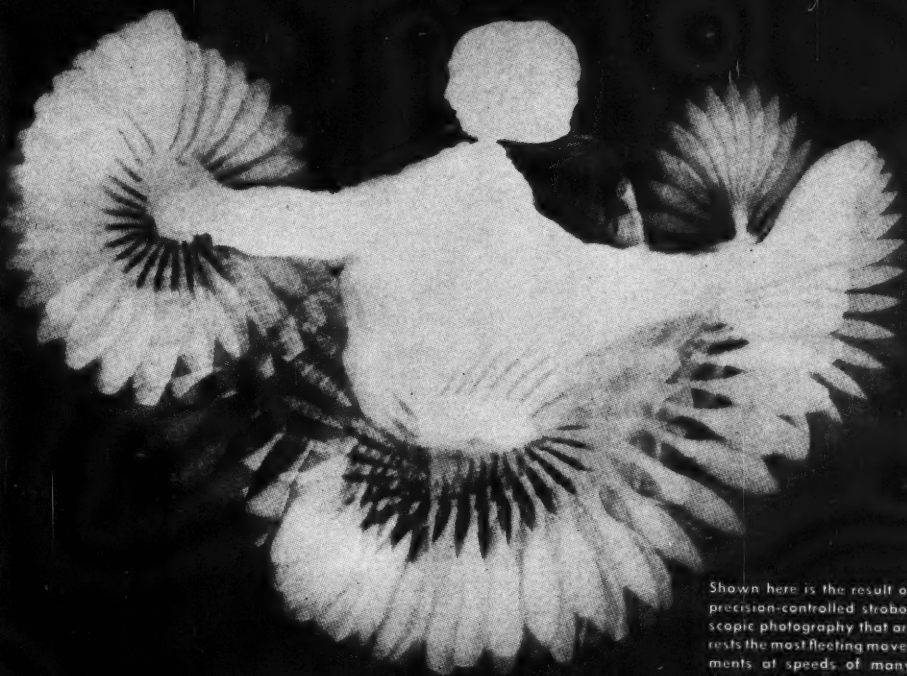
A Simple Method

The following simple method is suggested for computing the bedside nurses needed: The daily average number of patients in the women's medical and surgical ward and semi-private unit is, say, 19. The average number of bedside nursing hours needed per patient during each 24-hour period is 3.2; the number of bedside nursing hours for 19 patients is 60.8 (19×3.2). For a period of one week the number of bedside nursing hours is 425.6 (60.8×7).

Since the graduate staff nurses are on a 48-hour week, 8.8, or in round numbers, 9 such nurses will be needed to provide the necessary 425.6 bedside hours. This could be expressed in equation form:

$$\begin{array}{rcl} \text{Substituting the data given for} & & \\ \text{women's medical and surgical ward} & & \\ \text{and semi-private unit:} & & \\ 19 \times 3.2 \times 7 & = & 425.6 \\ \hline 48 & & 48 \\ & & = 9 (8.8) \end{array}$$

The above data refer to bedside nurses who actually provide the nursing care for patients. In addition, there will be required one head nurse for 25-30 patients and one ward helper. The very serious mistake has been made in the past, when estimating the ratio of nurses to patients, of including the entire nursing staff of the ward. An erroneous idea was thus given that all nurses were actually rendering bedside care. A supervisor or head nurse (and in some instances where the ward is a large one there may well be both a supervisor and head nurse) is responsible
(Concluded on page 62)



Shown here is the result of precision-controlled stroboscopic photography that arrests the most fleeting movements at speeds of many thousandths of a second.

Precisely...

Careful planning and precision timing of motion and exposure are needed to obtain the best results in split-second stroboscopic photography. And a similar degree of planning and timing is necessary in obtaining accurate results in the production of sutures. At D&G each processing step is carried out with delicately controlled accuracy and systematic timing to maintain the specific qualities which have proved most effective in meeting the precision demands of modern surgical technics. As a result, surgeons everywhere know that they can rely upon the permanence of D&G sutures.

D&G Sutures 

"This One Thing We Do"

DAVIS & GECK, INC., 57 WILLOUGHBY ST., BROOKLYN 1, N. Y.

D & G sutures are obtainable through responsible dealers everywhere

Manitoba Health Plan Outlined by Minister

Comprehensive Service is Proposed

A FOUR-POINT programme of health care for the province of Manitoba was announced on January 10th by the Honourable Ivan Schultz, Minister of Health and Public Welfare.

The health programme will feature: (1) *preventive services*; (2) *diagnostic facilities*, including x-ray and laboratory service, which will be available to everyone "at public cost" and will be centred in local hospitals; (3) *curative or personal health service* to provide such medical care and supervision as can be given in the patient's own home, in the doctor's office or at local hospitals. This will include maternity care and minor surgery; (4) assurance of *sufficient and adequate hospital facilities* available at reasonable distance to all people in the province. Capital cost for all hospitals are to be met by the municipalities in each hospital district, with a greater share met by the municipality where the hospital is located.

In addition, *health units* for the prevention of disease will be set up under local boards, with two-thirds of the cost borne by the province and one-third by the local authorities.

Each health unit is to be directed by a full-time medical officer who will have the usual public health duties, supervise the maintenance of food, milk, water and sewage standards, advise on housing, combat communicable and social diseases, develop a community health scheme and administer school health services.

Winnipeg public health services would continue as at present, but the project of a Greater Winnipeg health area in which the province would collaborate, is being considered.

Three diagnostic centres will be established—one each in Winnipeg, Brandon and Dauphin. Each centre will have a full-time medical radiologist and bacteriologist-pathologist service. All rural hospitals are to have x-ray and laboratory equip-

ment, and will be supervised from key centres.

Costs

The net new cost to the province for the health units would be \$265,300 annually. The population in unorganized territory would pay \$6,000 and the municipalities \$65,000 annually. This would be in addition to the present annual expenditure of \$167,700.

The province would meet the entire capital cost of \$300,000 for the diagnostic clinics and roughly two-thirds of the operating costs up to 50 cents a head for the clinics, except in Winnipeg where only the current operating grant would be made. The province's outlay would be \$242,600 a year, plus the initial capital outlay of \$300,000.

When a local community arranges to provide medical care on a prepayment basis, the province would contribute 50 cents a head annually. This amount, plus the total cost in unorganized areas, would amount to \$310,000.

Hospital Grants Inadequate

Mr. Schultz said that the need of increased grants for public ward patients in hospitals was recognized. As soon as the cost of such care can be determined, both provincial and municipal grants will be increased.

The hospitalization plan calls for capital cost or the remodelling of present hospital facilities to be borne by the local areas. The province would provide all diagnostic facilities in rural hospitals and would make nursing stations available in remote areas for emergency cases.

This health plan is to be referred to the municipalities for further consideration and will go before the legislature in February. It is anticipated that owing to the lack of personnel and the present difficulties in building and in obtaining equipment, completion of this programme would take some time.

Separate Bargaining for Professional People Requested

Spokesmen for graduate engineers and other professional groups of a scientific nature have requested the Wartime Labour Relations Board for special collective bargaining legislation as distinct from that contained in the Federal Code. Fourteen organizations representing 40,000 workers combined in this appeal. A poll had revealed that 92 per cent desired a separate Order-in-Council and only 1 per cent preferred trade unions as their bargaining agents.

Their spokesman, Mr. A. E. Macrae, stated that these professional workers occupied a functional position between labour and management. He stated also that professional scientific workers acting as independent units in industry in the matter of collective bargaining could do much to improve relations between labour and management. Professional workers are organized on the different principle of professional training.

Mr. Pat Conroy, vice-president of the Canadian Congress of Labour and Mr. Pat Sullivan, vice-president of the Trades and Labour Congress, opposed the proposal. Said Mr. Conroy: "We object to the injection of the principle of intellectual status in the right to collective bargaining." He held that this was a class development.

Mr. Sullivan also objected to the recognition of education or intellectual ability. "We are opposed to the principle which would set aside any class within the community for the sole reason of educational qualifications."

Speaking for the Canadian Manufacturers' Association Mr. H. W. Macdonell asked that either professional or scientific workers continue to be exempt from the operation of the collective bargaining code (as is the case at present) or that it be amended to make it clear that the application of the code to professional workers was not intended. He feared that if special legislation were granted to one group, it would be demanded by others.

The determination of the Board has not been announced.

Life is long if you know how to use it.—Seneca.



NI-RESIST range tops

resist warping...give long service

THE EXPERIENCED CHEF knows the advantages of range tops that are flat and level.

Ni-Resist range tops remain flat in spite of sustained heat or alternating temperatures. They assure even heat transfer and eliminate spilling caused by warped and sagging iron.

A leading hotel reports that "ordinary

cast iron tops on a busy gas-fired unit sagged and cracked badly, requiring replacement after 2 to 4 month's use. In this same unit Ni-Resist is still in service after 17 months".

Ni-Resist Range tops reduce upkeep and maintenance costs. They outlast ordinary range tops many times. Specify Ni-Resist.

THE INTERNATIONAL NICKEL COMPANY OF CANADA, LIMITED, 25 King St. W., TORONTO

FEBRUARY, 1945

Proposals for Nurse Salaries and Working Conditions

by Saskatchewan Joint Committee

THE following recommendations were presented by the Joint Committee of Representatives of the Saskatchewan Registered Nurses Association, Saskatchewan Hospital Association and Saskatchewan College of Physicians and Surgeons. They have been endorsed by the Council of the Saskatchewan Registered Nurses Association and at a general meeting of the Saskatchewan Hospital Association. *They are presented as recommendations only.*

It is realized that these recommendations are general in nature. For this reason they should be considered in relation to salaries and working conditions which prevail in the locale or zone in which they are to be made applicable.

When these recommendations were presented to the Saskatchewan Hospital Association, it was explained that those concerning salary were basic or minimal. Mention was made also that the majority of the hospitals in that province were then paying a higher rate under the existing conditions.

Salaries

(a) *For Permanent Employment General Staff:* That the minimum salary for general or staff nurses be:

\$1,200 for the 1st year,
\$1,260 for the 2nd year,
\$1,320 for the 3rd year.

Head Nurses and Supervisors: That other minimum initial salaries, with an appropriate annual increase for satisfactory service be as follows:

Head Nurses—\$1,380 per annum,
Supervisors—\$1,500 per annum.

Interpretations: It is understood that this salary scale would apply in a situation in which all nurses live out, or in which full maintenance is estimated at \$30.00 a month, but the meals taken while on duty and laundry will be provided at the expense of the hospital; also that salary increases will date from the date of original appointment.

Further recommendations regard-

ing interpretations include the following:

That "Permanent" be interpreted to include all nurses who prove satisfactory after three months of employment and who signify their intention of continuing in the position. Furthermore, that "head nurse" be interpreted as a nurse in charge of one ward, and "supervisor" a nurse in charge of two or more wards, or of a department.

(b) *For Temporary Employment General Staff Nurses*

That for a period of general duty of under one month and of one week or over, a salary of \$4.00 a day be paid, including meals while on duty, but not laundry.

That for less than one week, salary be paid for general staff duty at prevailing private duty rates, plus one meal while on duty.

In each instance it is understood that the nurse will provide her own room.

Hours of Duty and Working Conditions

(a) That hours of duty be eight per day for a six day week, for all nurses as soon as this can be effected; when possible, the hours of duty should be consecutive.

(It is realized that under present conditions this schedule of hours may not be feasible, but this is a very desirable objective, to which hospitals should be working.)

(b) That every effort be made to avoid wastage of nursing time and effort by the elimination of non-nursing duties for the nurse, the simplification of nursing procedures and by other recognized measures.

(c) That the services of the private duty nurse be limited to patients whose condition justifies individualized nursing care; that the appropriate control of the private duty nurse be a matter of arrangement between the attending physician, hospital authorities and professional registries and that available nursing resources be taken into consideration.

(d) That consideration be given to

ways and means of minimizing wastage of nursing service caused by shortage of maids, orderlies and aides.

Provincial Health Ministers and Deputies Hold Parley

An important conference of provincial Ministers of Health, their deputies and other officials was held in Toronto in January on the invitation of the Honourable R. P. Vivian, Minister of Health and Welfare for Ontario. All provinces were represented except British Columbia and Prince Edward Island.

Many subjects of mutual interest were discussed at this conference. Of general interest was the plan for medical care for Manitoba elaborated by the Minister, the Honourable Ivan Schultz and his Deputy, Dr. Fred W. Jackson. Much discussion took place also on the proposed plans for Saskatchewan.

Closer co-operation between the provinces in dealing with venereal disease among civilians was agreed upon. The Conference was of the opinion that the Federal government should assume full responsibility for the aftercare of discharged members of the armed forces with venereal disease and should also assume responsibility for those getting it within one year of discharge from the services as well as for those having it on enlistment. One spokesman held that venereal disease should be considered as a service casualty not as a result of improper conduct.

Reciprocal arrangements between provinces covering non-resident cases requiring treatment for tuberculosis, mental diseases and cancer were worked out. It was agreed that all cheese not made from pasteurized milk should be held in storage for 90 days before going on the market. This would be a preventative against typhoid fever.

It was agreed that uniformity in methods of computing income allowed to recipients of old age pensions, blind pensions and mothers' allowances was essential.

The Conference recommended further reduction in the price of penicillin. However, as penicillin is now sold to the hospitals and departments of health at a cost price which is the average of the charges made by the manufacturers, it is not clear just how this reduction can be made until production costs drop still lower.



A FUNCTIONAL ROOM, INDIVIDUALLY TREATED

EATON'S

Combining the main purpose of a dining room with the charm of a lounge . . . in restful, pleasing atmosphere! It's another example of the work of the Contract Sales Department . . . with years of decorating and equipping behind them . . . ready to supply the individual needs of hospital, college, church or ship.

T H E C O N T R A C T S A L E S D E P A R T M E N T



New dining room and lounge alcove at Toronto East General Hospital.

FEBRUARY, 1945

◀ Correspondence ▶

Practical Nurses

To the Editor,

Dear Sir:

It was stated at the recent meeting of the Manitoba Hospital Association that legislation would be asked of the Manitoba Legislature to authorize the training of so-called "practical nurses".

At least 80 per cent of the people are not in a position, financially, to employ a fully-trained nurse, and in a very large number of cases highly-trained nursing is not required.

What is required is a nurse with sufficient training to attend on such cases under a doctor's instructions, and competent in carrying out his orders. She should also be capable of recognizing an emergency and acting to meet it.

My suggestion is that such nurses be given an intensive training in the more necessary branches of practical nursing with any necessary general training in such theory as may apply to their work.

1st: A one-year term of instruction in the most useful and practical branches to fit them reasonably well for home nursing, and to include preparation of proper food for the patient.

2nd: A two-year term similar to the above, but in a more extended range of subjects.

3rd: The usual three-year course to continue as at present for highly-trained nurses.

Certificates to be granted for (a) a one-year term of training, and (b) a two-year term of training.

These certificates would definitely state the qualifications of the nurse, as length of training, subjects in which trained, etc., from which information the doctor could decide if qualified for the care of the patient requiring her services.

There exists a class of young women who have no intention of continuing as nurses but who could be qualified as "practical nurses" with benefit not only to themselves and their own families, but would

be more useful in their own community and who, in case of misfortune, would have this training to fall back on if necessary for their own support.

The above are only the observations of a layman with 52 years' connection with hospitals and nurses, and are given for what they are worth.

Yours very truly,
"W. H. Shillinglaw",
Brandon, Manitoba.

Use of Operating Room

To the Editor:

Has a public hospital the right to refuse use of the operating room to a staff doctor if there is reason to believe that his use of the operating room might endanger the lives of patients and the reputation of the hospital?

Superintendent.

Reply

Unless the by-laws of the hospital specifically state that any duly licensed medical practitioner may perform any medical procedure in the hospital (and this wording would be most unlikely) it is generally held that the hospital (i.e., the Board of Governors) has the right to determine who will work in the hospital and, in a general way, the type of work that may be undertaken by the doctors appointed.

However, it is customary for the Board of Governors to make this decision only after obtaining the advice and recommendations of the medical advisory board or other duly appointed representative of the medical staff. Only when the medical staff fails to take action which obviously should be taken should the Board of Trustees undertake to carry out the responsibility legally placed upon it.

It is generally interpreted that appointment to the medical staff of a hospital does not *ipso facto* give the individual doctor the right to do any type of work in the hospital. A doctor practising internal medicine only would not expect to be given

the privilege of doing major surgery or otolaryngology, for which he was not trained. Every medical staff should vest in its executive committee, medical advisory board or some other duly-appointed committee, the power to check when necessary on the work undertaken or booked, with a view to protecting the patients in the hospital and the reputation of the medical staff as a whole.—Editor.

With The Auxiliaries

News of Ontario Aids

Peterborough: A splendid demonstration of the Women's Hospital Aid public relations in the community is reported during the campaign to put across a municipal by-law for a million and a half dollars to build a new hospital.

Chatham: The Chatham General Hospital boasts five aids working harmoniously for the hospital, North Harwich (rural) this year providing the furnishing for a living room in the new nurses unit, costing \$500.00. The Ladies' Assisting Society provided a unit of eighteen beds at a cost of \$2,000.00. The Health Club Aid furnished a living room costing \$500.00. The Junior League Aid furnished a complete suite at a cost of \$500.00. The Alumni and student nurses are furnishing the complete teaching unit at a cost of \$1,000.00.

Miss Priscilla Campbell has always given fine co-operation in all the undertakings.

Guelph: The Guelph General Hospital has a splendid Junior Hospital Aid with Mrs. Stanton the president. A unique bulletin is sent out each month announcing the work and anything of special interest. This group is doing outstandingly good work. All aid groups assist in blood clinics and in any other avenue needful during these trying times.

Belleville: The Women's Hospital Aid held a tea recently and \$180.00 was realized. Mrs. Wray, the president, and Mrs. Galloway, the convener of ways and means, along with splendid committees gave a good account of their efforts.

urgery
he was
staff
ommit-
r some
ee, the
ary on
1, with
ents in
ion of
Editor.

es

demon-
ospital
mmun-
mpaign
aw for
build a

General
working
North
roviding
oom in
\$500.00.
ty pro-
ds at a
h Club
costing
ue Aid
a cost
student
omplete
00.00.

has al-
a in all

al Hos-
Hospital
resident.
ut each
nd any-
s group
l work.
l clinics
ful dur-

Hospital
\$180.00
e presi-
he con-
ng with
good ac-

SPITAL



“Elastoplast” and heel blisters

Elastoplast Dressings are particularly valuable when applied to awkward places.

They remain in position over extended periods and are comfortable.

Distributors :

**SMITH & NEPHEW LTD.,
378, St. Paul Street West, Montreal.**

Made in England by T. J. Smith & Nephew Ltd., Hull

E.5.

Bernard T. McGhie

The hospitals have lost a sincere friend in the untimely death of Dr. Bernard T. McGhie, Deputy Minister of Health and Hospitals for Ontario. His arduous duties, augmented by the many additional responsibilities of the war years, had accentuated the chronic cardiac condition which finally caused his death on January 20th at the age of 56.

Born in 1889 and a graduate of Queen's University, he served overseas in the R.C.A.M.C. On his return to Canada he entered the provincial psychiatric service and became superintendent of the Orillia (Mental) Hospital. Soon afterwards he was made director of all of the mental hospitals in the provincial service. Later, when the Department of Health undertook a greater responsibility for the supervision of hospitals, Dr. McGhie was transferred to that department as director of hospitals, and in 1935 he became Deputy Minister of Health and Hospitals. In that



capacity he had a great deal to do, both with the medical profession and with the hospitals, and was highly respected by all groups with which he came in contact because of his

sound judgment and genuine interest in their welfare.

For many years Dr. McGhie has been recognized as an international authority in the field of psychiatry. He was an active member of several psychiatric associations and had been honoured with various offices. Deeply interested in public health problems, he was president of the Canadian Public Health Association at the time of his death. Recognizing him as one of its outstanding sons, his Alma Mater conferred upon him the honorary degree of Doctor of Laws last year.

* * *

John A. Dobbie, M.D.

Dr. John A. Dobbie, former superintendent of the Ottawa Civic Hospital, died on January 6th in Ottawa. Dr. Dobbie, a private physician in Ottawa for many years, became assistant superintendent of the hospital in 1927, and was appointed superintendent in 1939. He held the post until 1942, when he resigned because of ill health.

Individuals and Smaller Groups

Being Covered by Blue Cross Plans

TWO widespread plan practices which are making Blue Cross available to increasing numbers of hitherto ineligible Americans are individual enrolment and the lowering of minimums for employed group sizes. Data from plans show that individual enrolment has been or is being participated in by 29 Blue Cross plans, while 42 more report that they offer their services to employed groups as small as five, or less.

The practice of individual enrolment does, however, present several problems, most of them concerned with the matter of controlling risk and assuring a reasonable utilization among subscribers. The 29 plans reporting participation in individual enrolment are successfully solving these problems by such policies as limiting enrolment to certain periods, increasing rates, setting age limits and, in some instances, by requiring physical examinations or health statements.

A few plans reduce utilization partially among this type of enrollee by restricting either benefits or days of care.

With a few limitations, individual enrolment is usually offered to the employed (sub-minimum group), the self-employed and the retired. Fourteen plans, however, exclude the retired. Twenty-two of the 29 plans reporting individual enrolment have placed age limitations on those who may enrol. Only three plans require a physical examination and 13 a health statement.

Rates for individuals are somewhat higher in 14 Blue Cross plans, and 9 plans charge individuals an enrolment fee. Although benefits are usually substantially the same for individual members as for group members, 10 plans exclude maternity care from services offered individuals.

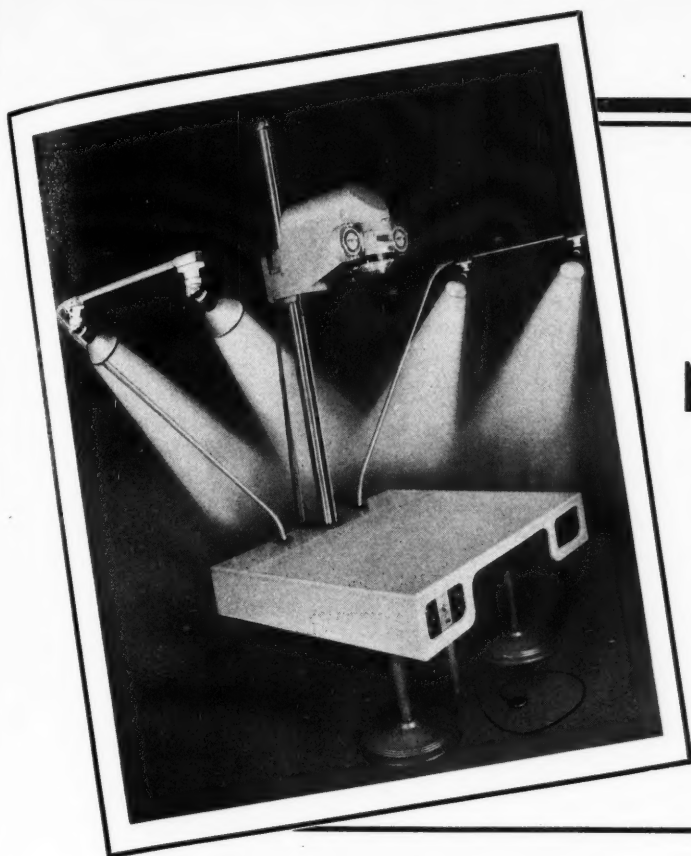
Experience with individual enrolment has been varied, with 11 plans reporting higher utilization for

individuals than for groups. One plan reports utilization from 3 to 5 per cent greater, while two plans report that utilization among the individually-enrolled is as much as 100 per cent greater than among those group-enrolled.

A widespread practice of plans which helps exclude bad risks is that of opening enrolment to individuals only during specified periods. Fourteen plans offer enrolment intermittently, during periods which vary in length from one week to seven. Three plans have such so-called "open" enrolment periods semi-annually, six quarterly, one every two years, one once a year, and another once every six weeks.

Sixteen plans enrol groups of two, while seven plans enrol employed "groups" of one. This offering of enrolment to increasingly smaller employed groups and their dependents is a popular method of bringing Blue Cross plans closer to their professed goal: availability to every man, woman, and child in America.

—From Blue Cross Bulletin.



Precision
MICROFILMING
SERVICE
NOW AVAILABLE
IN
CANADA

MICROFILM *by Microstat...*

- ★ **SAVES SPACE**—Eliminates Paper Storage Problems.
- ★ **STREAMLINES FILING**—Makes Records Accessible for Handy, Quick Reference.
- ★ **PROTECTS**—Valuable and Irreplaceable Records Preserved Forever on Our Imperishable Microfilm.
- ★ **GUARANTEED SERVICE**—A Special 15 Point Inspection Guarantees Film Life, Photographic Accuracy, Correct Film Continuity, etc.

WE DO THE ENTIRE JOB . . .

No need to lease or purchase complicated cameras or enlargers. No experimentation. No training of operators in a highly complicated, rapidly changing new art. No floor space problems.

Enquire Now About Our Free Survey Service

MICROFILM-MICROSTAT LIMITED

EXCLUSIVE CANADIAN REPRESENTATIVES

431 Yonge Street

Toronto 1, Ontario

X-RAY

X-Ray plates can now be reduced onto tiny safety microfilm. Gives you a permanent concise record, retaining all the necessary detail. Easily viewed on special projection screen.

A Safety Programme to Eliminate Accidents

AN accident prevention campaign can be successful only by making every employee safety-conscious. This requires constant hammering through signs, meetings and personal instruction, and providing and using every worthwhile safety device.

An American hotel has organized a Safety Committee under permanent chairmanship of the superintendent and composed of one member from each of the six major departments. Committee members serve for one month only and thus in the course of time every member of the department will serve on the committee. Committee meetings are held every Friday and every employee who has had an accident must appear before the committee as a part of its thorough investigation of the cause. Members of the committee are asked to watch other employees and correct them if they see them taking unnecessary risks.

Thousands of dollars have been spent on protection of employees operating machines, in furnishing equipment such as safety gloves, goggles, gas masks, safety treads on stairs, nonskid floors and brakes on trucks, and every danger spot is marked by caution signs.

But the campaign of education must continue day after day or employees will become careless. It has been found that employees retain only about 10 per cent of verbal instruction against some 50 per cent of practical demonstration and participation.

Therefore each employee is given a practical demonstration of how to do his job before he begins work. If it requires heavy lifting he is shown how to lift without strain. If it requires operating a machine he is shown how to do it without getting hurt. Moving pictures and stereoptican slides are also used to demonstrate these points.

Department heads are made to feel they are responsible for the accidents in their departments and required to write a detailed memorandum of every accident.

Results of the campaign are that while 1938 showed 9 lost time accidents with 97 days lost time, 1942 showed 522,498 man hours of work before one accident caused 16 days lost time. This accident resulted from running up stairs 2 steps at a time.

There must be constant repetition of instruction and education until every employee becomes truly safety conscious.

Safety Factors

Light switches are plainly marked.

Light strips of coloured flooring material are inserted at heads of stairways to catch the eye.

"Keep Right" signs are painted on the floors in corridors where trucks are used.

Abrasive treads are used on stairs and ramps.

Glass panels are inserted in doors opening on corridors or stairways so that employees can see what is on the other side.

Electric lights are so placed that steps are illuminated.

Abrasive paint is used on corridor floors, in store rooms, engine room and similar places.

Vapour-proof lights are used in the carpenter shop to reduce danger of explosion.

Lights in store rooms and shops are protected with wire screens.

In the paint shop a bucket of water is provided for oily rags.

In the engine room and basement

Canadian Hospital Council to Meet in September

Arrangements are well advanced for the holding of the Biennial Meeting of the Canadian Hospital Council early this autumn. It is anticipated that the meeting will take place in Hamilton, with headquarters at the Royal Connaught Hotel, and be a three-day session from Wednesday, September the 19th to Friday the 21st.

low pipes and ducts are covered with sponge rubber to prevent head injuries.

At blind corners in corridors mirrors are provided so that employees may see if anyone is approaching.

Only steel shelving is used in paint shop.

Gas masks and fire extinguishers are also available.

In the ice-making plant a travelling crane is used to lift ice cakes to the truck to prevent strains and injuries.

Goggles and fire-proof gloves are provided where needed.

A standard with a large sign "Be Careful, Floor is Slippery," is set up where floors are being washed.

When floors are wet an abrasive powder is used. This tends to prevent slipping.

In the kitchen is a box of blankets in which to wrap an employee in case his clothing should catch fire.

Glass doors are used at the lobby entrance to the dining room. Stairs inside the door have lighted steps and hand rails.

When wax was eliminated from coffee shop floors guest accidents were reduced.

New employees are given a safety lecture before being put to work.

Knee pads are provided for maids and cleaning women. Safety and warning signals are in evidence throughout the hotel.

Hospital Abstract Service from "Hotel Management".

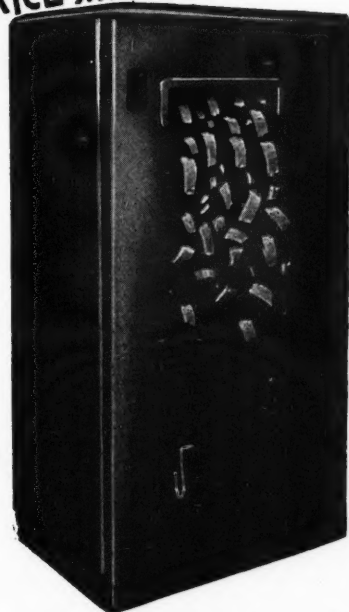
Health Department Changes Made in Saskatchewan

Dr. C. F. W. Hames, recently released from military service, has been made Deputy Minister of Public Health for Saskatchewan. Dr. R. O. Davison, former Deputy Minister, is now Commissioner of Mental Services and is in full charge of the mental hygiene programme of the province. Mr. Clarence C. Gibson is now in charge of the hospital programme of the Department of Public Health.

Major Hames, who enlisted on September 1st, 1939, went overseas with No. 8 Canadian General Hospital in 1942. He was instructor in hygiene at No. 1 Canadian General Reinforcement Unit at Aldershot. He then had a field hygiene section in the 4th Canadian Division in England.

COLD MAGIC

with a FLAKICE Machine



Presto! . . . Ice at the touch of a button!

IN HOSPITALS, the use of the new Flakice Machine means the automatic production of ice in the form of crisp little flakes, very easy to use and untouched by human hands. Economical, too! Flakice costs approximately 75 cents a ton, instead of the usual \$3.00 a ton. Ice in this form is ideal for medical use in compresses, etc., as well as for food preservation. Widely used by Allied armed forces for the new Refrigeration Anaesthesia. Cabinet takes up little space and soon saves the original installation cost . . . Write us for more information about Flakice Machines today. You cannot afford to be without a Flakice Machine.

CIMCO-YORK

REFRIGERATION & AIR CONDITIONING EQUIPMENT & SUPPLIES

CANADIAN ICE MACHINE COMPANY, LTD., TORONTO
Branch Offices: Halifax, Montreal, Winnipeg, Calgary, Vancouver

ACCESSORIES AND SUPPLIES: air fittings and filters, ammonia, alum, brine testing sets, calcium, can covers, charging connections (ammonia and Freon-12), cold storage doors, cork pipe covering, corkboard, Freon-12, gas masks, gaskets, gauges, hydrometers, ice cans, chutes, handling equipment, scoring machinery, liquid level indicators, mercury columns, oils, packing, purge drums, quartz, thermometers, tube cleaners, valves and fittings, valve stem shields, V-belts.



HYGIENE SPUTUM CUPS

MOISTURE PROOF!
NON-CRACKING!
RIGID CONSTRUCTION!

READY FOR
USE IN A
JIFFY

Hygiene Sputum
Cups come flat,
fully scored.
Automatically
lock rigidly into
usable form in
a jiffy.

● Here's a cup that's made to stand up to rough handling and usage. Made of pure board, wax impregnated and wax coated, it won't leak or crack, holds its shape. Specify Hygiene Sputum Cups.

Other Hygiene products for hospital use include Hypro Kraft Towels, Hypro Toilet Seat Covers, Hospital Cellulose Rolls, Doilies, Tray Covers, etc. Ask your nearest branch of Hygiene Products Limited, for further information.



Hygiene Products Limited

MONTREAL - TORONTO

BRANCHES: Halifax, Saint John, N.B., Quebec, Ottawa, Kingston, Hamilton, Windsor, Fort William, Winnipeg, Calgary, Vancouver.

MAKERS OF A WIDE LINE OF SANITARY PRODUCTS
FOR HOSPITALS, SCHOOLS, OFFICES, INDUSTRIES. ETC.

Industrial Cleaners

MOST dirt is a mixture of grease and oil with a variety of foreign particles covering a wide range in size and make up. Almost any dirt can be removed by rubbing it away from the top down, particularly if a hard enough scouring agent is used. But this kind of cleaning takes time and elbow grease and in most cases is harmful to the surface being cleaned.

Effective economical cleaning demands certain very definite functions. The first step is wetting the dirt deposit and since the dirt deposit is usually greasy this is not easy. But the cleaner can not act on the dirt until it is first wetted.

All liquids have on their free surfaces a sort of skin which behaves differently from the rest of the liquid. The liquids act as if this "skin" were under tension. This is the reason why a drop of liquid tends to assume a spherical shape.

Wetting agents are chemical which, when in solution, tend to decrease the surface tension and thus spread upon and wet other surfaces and penetrate

dirt deposits rapidly and thoroughly.

Soap is an excellent wetting agent but is not desirable for some operations by reason of its tendency to cling to the surface and the difficulty of rinsing it off, its tendency to form insoluble sticky curds in hard water, and the fact that it is active only in mildly alkaline solutions.

For cleaning solutions for which soap is not desirable there are other wetting compounds having the wetting, emulsifying, dispersing and foaming action of soap but are hard water proof, active in acid medium and freer rinsing than soap.

Dispersing action is a property of colloids and consists of an ability to pick up and hold dirt in a rinsable dispersion. This property enables it to dig deeply into and loosen the dirt deposit from the surface to be cleaned. Soap solutions have this property.

Alkalis themselves are not good wetting agents, have no colloidal properties and do not rinse easily. They are not therefore good cleaning agents, but used with soap they greatly facilitate its action. But the

alkali itself has a deleterious effect on many surface materials and should not be used alone. When used it is usually in the form of alkaline salts rather than the caustic forms. In any case be wary of cleaners in which strong alkalis are used to support cleaning action.

No cleaning action is complete until not only the dirt but the cleaner solution itself has been removed. Wetting properties and rinsing properties often go hand in hand but the colloidal properties of soap very much increase the difficulty of rinsing them away.

In every cleaning problem, there are individual characteristics to be considered, the nature of the dirt to be removed, the degree of cleaning desired, the importance of cleaning speed and the manual operations required.

In industrial processes these questions may become highly technical but can usually be answered by placing all the facts and requirements before the manufacturer of the cleaning agent.

Abstracted by Hospital Abstract Service from "Purchasing".



New . . . Streamlined Packages of **CLINITEST**

For Urine-Sugar Analysis

PLASTIC KIT: All essentials for testing are compactly fitted into handsome, durable, Tenite Plastic case. Case contains bottle of 36 tablets, test tube, dropper, color scale and instruction sheet with analysis record. Retail Price \$2.25 each.

TABLET REFILL: Screw cap bottle of 36 tablets and instruction sheet with analysis record. Retail Price..... 75 cents each.

LABORATORY OUTFIT: Designed for office or laboratory use. Contains tablets for 180 tests, six test tubes, three droppers, rack and color scale with complete instructions. Retail Price \$5.00 each.

FOR HOSPITAL USE: Clinitest Tablets are available in bulk quantities of 1,000 and 3,000 at special prices. Put up in bottles of 100 and 250 tablets.

Order these NEW packages of CLINITEST from your medical or surgical supply house.

The reliability of the CLINITEST method has been established by experimental data and by extensive use in medical and clinical laboratories. For booklet entitled "Qualitative Determination of Urine-Sugar by the Clinitest Tablet Reagent Method", the complete chemistry and information on CLINITEST, write to Sole Canadian Distributor:

FRED. J. WHITLOW & CO. LTD.
165 DUFFERIN STREET, TORONTO

A Product of

AMES COMPANY, INC.
ELKHART, INDIANA, U.S.A.

CHRONIC "CAST-ROOM-ITIS"

CAST
ROOM



SYMPTOMS

"Headaches" and discord in region of cast room. May become acute and spread to other parts of the hospital in cases of extreme inconvenience or loss of time.

USUAL CAUSES

Difficulty of maintaining uniformity of handmade bandages and adequate stock of necessary sizes due to limited personnel.

RECOMMENDED TREATMENT

Quick relief can be obtained by switching to "Orthoplast" Bandages. Saturate quickly. Always ready. Conserve time, labor and materials.



Use "Orthoplast" plaster of Paris Bandages for uniform, reliable immobilization and support. "Orthoplast" Bandages are made from the best, selected grade of plaster of Paris spread uniformly on serrated-edge surgical crinoline of 32 x 28 mesh. The serrated edges of the crinoline prevent ravelling and tangling of threads that hinder the application.

For streamlined
cast technique
standardize on

"ORTHOPLAST"

PLASTER OF PARIS

BANDAGES

MADE IN CANADA

Johnson & Johnson
LIMITED MONTREAL

WORLD'S LARGEST MAKERS OF SURGICAL DRESSINGS

Nurse-Patient Ratio

(Concluded from page 48)

for the administration of the department and does not give actual nursing care. Therefore it is necessary to compute actual nursing care given on the number of nurses actually doing bedside nursing.

It is generally agreed by administrators that one head nurse can more adequately supervise a ward containing 25-30 patients. This will, I believe, answer your question regarding those hospitals where only graduates are employed and whether the number should be in proportion to patients.

Graduate vs. Student Nursing

You may recall that in the past it was frequently stated that one graduate nurse would replace two student nurses. This we fear was based more upon wishful thinking than actual fact. From studies made by the National League of Nursing Education, the report of which is found in Administrative Cost Analysis for

Nursing Service and Nursing Education, it was found that in one hospital, for example:

a third year student gave the same amount of service in one hour that a graduate gives in fifty-two minutes;

a second year student gave the same amount of service in one hour that a graduate gives in fifty-three minutes;

a first year student gave the same amount of service in one hour that a graduate gives in thirty-two minutes, and an affiliating student gave the same amount of service in one hour that a graduate gives in forty-two minutes.

Administrators of hospitals conducting schools of nursing are no doubt interested in computing the effectiveness of student nurses as compared to graduates and will find the formulae set forth in the administrative cost analysis very useful for this purpose. Perhaps it would be advisable to refer to this book as a guide for computing the number of graduate and student nurses required in a hospital conducting a school of nursing.

Blue Cross Enrols Its Sixteen Millionth Member

Eric A. Johnston, President of the United States Chamber of Commerce, enrolled recently in the Blue Cross plan of Spokane, Washington, as subscriber number 16,000,000.

The Perfect Patient

The perfect patient rings no bell;
That help will come he knows quite well:

Even if his room is hot as —
Even if his thirst he wants to quell,
He rings no bell.

If SHE should say, "Now, do not speak,

Even if I leave you for a week
With the thermometer in your cheek,
While in the other rooms I peek."

He does not speak.

He rolls about the bed as told,
And helps to straighten out the fold;
He likes his food—it's never cold;
He never says, "I am too old
To listen well to what I'm told."

—Musings of a Montreal Medico.

ANTIPHLOGISTINE MAINTAINS

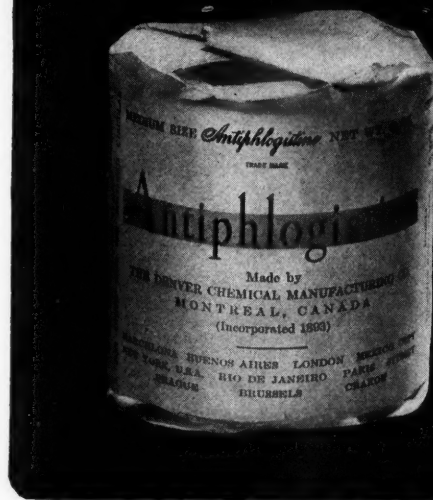
"MOIST HEAT"

Applied comfortably hot directly to the affected area ANTIPHLOGISTINE maintains "Moist Heat" for several hours, and is effective in helping to relieve the pain, swelling and muscle spasms due to sprains, strains, and contusions.

In the symptomatic treatment of chest colds and bronchitis, the "Moist Heat" of ANTIPHLOGISTINE has been used in helping to relieve coughs, muscular soreness and tightness of the chest. ANTIPHLOGISTINE may be used with chemo-therapy.

Antiphlogistine

(Made in Canada)



Product of

THE DENVER CHEMICAL MFG. COMPANY.

153 Lagachetiere Street West, Montreal

The CANADIAN HOSPITAL

INSECTICIDES THAT KILL QUICKLY!

West Insecticides possess an exceptionally high relative killing power when tested by standard recognized methods. That they prove economical when used as directed is being demonstrated by the thousands of users in all parts of the country with various problems who report that the quantity of West Insecticides required per cubic foot of room space is extremely low.

ADVANTAGES OF WEST INSECTICIDES

- Positive action on a wide variety of insects
- Stability: Will not deteriorate in storage
- Uniformity: Manufactured by a controlled chemical process
- Non-Injurious: When used as directed as an insecticidal agent, these insecticides are known to have no health hazard.

SEND FOR FREE BOOKLET



WEST DISINFECTING
Company

5621 CASGRAIN ST., MONTREAL, QUE., DEPT. 15

The Voluntary Principle

"Voluntary activities such as these which lift the individual out of the sphere of his or her own personal interest and offer a means of service to the community should be encouraged and preserved. They are part and parcel of the democratic structure of society, and upon their inter-action with the official provision through the State and through the local authorities depends the power of the whole system to grow and to adapt itself to changing conceptions of the public need. And then, too, on the medical side, there are the underlying and profoundly important elements of freedom and elasticity. We want to make sure that central supervision and co-ordination shall leave room for those whose ideas may not immediately commend themselves to those in authority.

"We recall the opposition which greeted Lord Lister and other innovators in their day, and we wonder whether perhaps the opposition would have been insurmountable under a hospital system conforming too closely to an established scheme.

"We believe that the voluntary

hospitals do provide a means of affording that most essential element of freedom, and that it would be sad if in our anxiety to achieve other objectives this precious thing were to disappear."—*H.R.H. The Duke of Gloucester, presiding at the King Edward's Hospital Fund Annual Meeting.*

German "Discovery"!

According to the German radio, important advances in the research work of penicillin have been achieved. But it is to be noted that the name of Sir Alexander Fleming, who discovered penicillin, is never mentioned. Instead, a German professor, named Morell, is given all the honour and glory, and a few months ago Hitler actually awarded him the Knight's Cross for his "discovery"!

* * *

Chickens Come Home

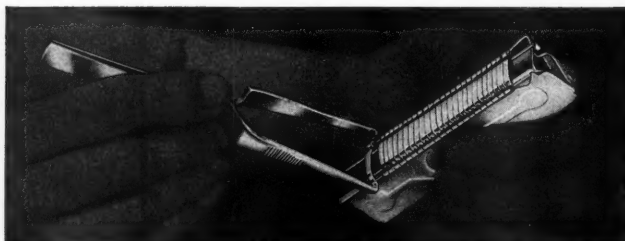
A curious anecdote is told of Sir John Holt, who became Lord Chief Justice in 1689. With some companions, he once ran up a bill at a country inn which they were unable to

pay. This young lawyer, as he then was, happened to notice that the innkeeper's daughter looked very ill. Pretending to be a medical student, he was informed by her father that that she suffered from an ague.

Holt immediately gathered various plants, mixed them up with great ceremony, and after rolling them up in parchment, scrawled upon the ball some strange hieroglyphics. This amulet he hung round the neck of the young woman and, strange to relate, the ague did not return. After this cure, the "doctor" offered to pay the bill, to which the grateful landlord would not consent.

Many years after, when on the bench, a woman was brought before him, accused of witchcraft. Her only defence was that she possessed a ball which invariably cured agues. The charm was produced and handed to the judge, who immediately recognized the identical ball he had prepared in his youthful adventure. Unfortunately, history does not record the sentence he imposed!

Hospital and Nursing Home Management, December, 1944.



BOWEN-ADAMS WOUND CLIP RACK

The Bowen-Adams Wound Clip Rack should be used only with the improved Hegenbarth-Adams Wound Clip Forceps

....AN AID IN CONSERVING WOUND CLIPS

As an aid in conserving wound clips it has been suggested that a wire of clips of each size that you use be placed each on one of the Bowen-Adams Wound Clip Racks where they are ready for use and protected from damage. The wound clips not used during an operation will remain on the Rack and are ready for use for subsequent operations. In this way, the tendency to discard the unused portion of a Rack of clips is minimized.

B-2339/SS Bowen-Adams Wound Clip Rack, made of Stainless Steel. Each..\$2.40

B-2323/SS Hegenbarth-Adams Wound Clip Applying Forceps, made of Stainless Steel, self-retaining, clips do not fall out. Each..... 3.00

● JUST OUT —
Write for our catalog on your letterhead, please, giving us your institutional affiliation and department.

Order from Your Surgical Dealer.

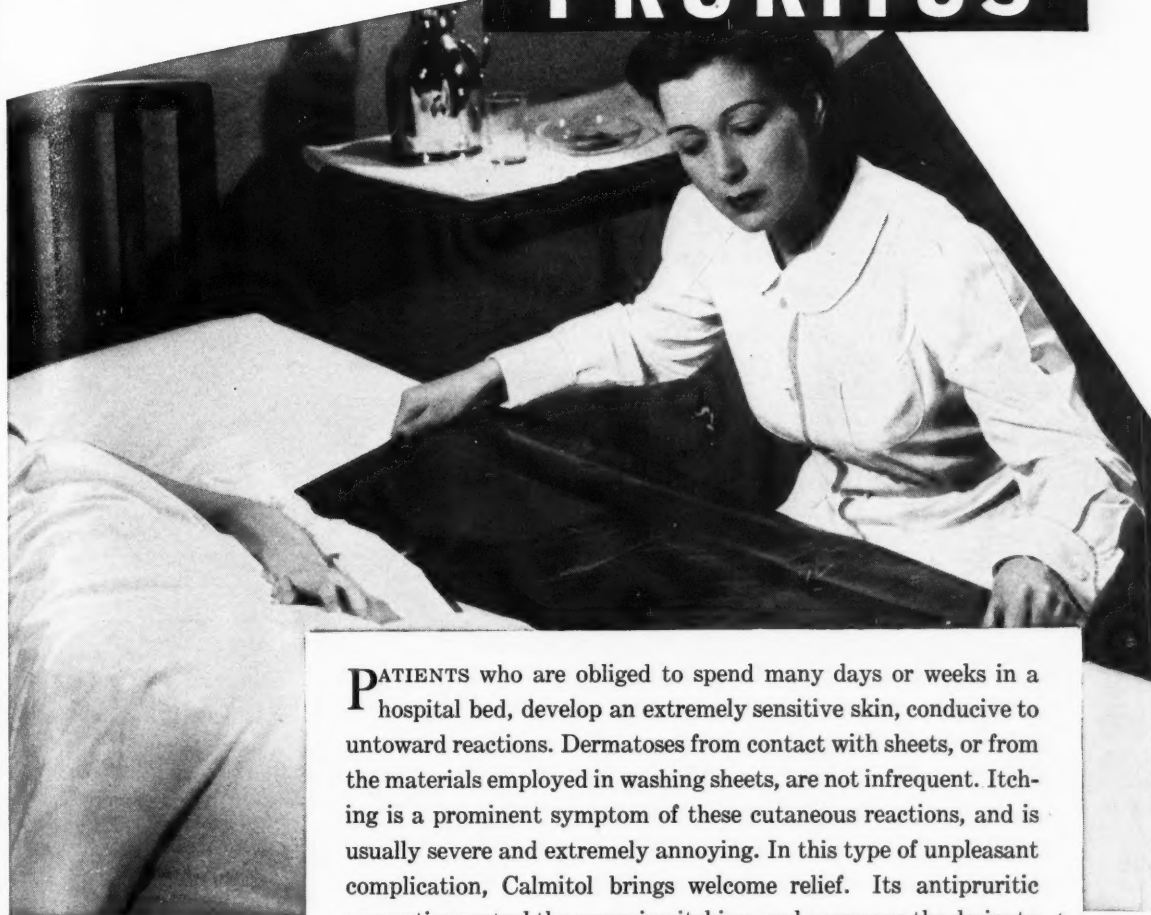
CLAY-ADAMS CO. INC.

44 EAST 23rd STREET, NEW YORK, N. Y.



When the Bed itself becomes the cause of

PRURITUS



PATIENTS who are obliged to spend many days or weeks in a hospital bed, develop an extremely sensitive skin, conducive to untoward reactions. Dermatoses from contact with sheets, or from the materials employed in washing sheets, are not infrequent. Itching is a prominent symptom of these cutaneous reactions, and is usually severe and extremely annoying. In this type of unpleasant complication, Calmitol brings welcome relief. Its antipruritic properties control the annoying itching, and overcome the desire to scratch. A single application is effective for hours. In addition, the lanolin-petrolatum base acts as a protective to irritated skin areas.

The active ingredients of Calmitol are camphorated chloral, menthol and hyosecyamine oleate in an alcohol-chloroform-ether vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and nonirritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken skin areas.

The Leeming Miles Co. Ltd.

504 St. Lawrence Blvd., Montreal, Canada

CALMITOL
THE DEPENDABLE ANTI-PRURITIC

Approved List Issued by A.C.S.

The American College of Surgeons announces that 3,152 hospitals in the United States and Canada are included in the 1944 Approved List.

A total of 3,911 hospitals were included in the 1944 survey and the approved hospitals represent 80.6 per cent. The first annual survey in 1918 included 692 hospitals of 100 beds or over of which only 89 or 12.8 per cent merited approval. Hospitals of 25 beds and over are covered in the current surveys.

A total of 2,342 hospitals of 100 beds and over were on the 1944 survey list, and 2,182 or 93.1 per cent were approved. A total of 1,119 hospitals of 50 to 99 bed capacity were under survey of which 181 or 40.2 per cent were approved.

On December 31st of each year the ratings of hospitals under survey by the American College of Surgeons automatically terminate. The status of every hospital based upon all data collected from the current survey is reconsidered each year.

Why An Auxiliary? (Concluded from page 31)

superintendent, or one of the senior officers, what the hospital is doing. In this way members of the auxiliary are able to work intelligently towards the bettering of hospitalization for the sick.

In working for this close co-operation, not only does the hospital benefit but so does the auxiliary. If members feel that they are a part of the hospital they will be much more active. It is hard to keep women interested merely in selling tickets for a tea, or tagging, or collecting membership fees. But if they are given the opportunity of *learning about and understanding* their institution, their interest will be aroused. It should be possible, too, by this method to interest the younger girls in the community, who could form a junior section of the auxiliary.

Members of the auxiliary should attempt to enlist the sympathy of other women's volunteer organizations in the work of the hospital. As service to a hospital has an appeal

to all women, no matter what their affiliations with other groups, a spirit of goodwill can elicit ready support from all walks of life.

By these methods a general interest of all sections of the community can be enlisted with a resultant gain to community spirit, hospital efficiency and its public relations.

New Wing Opened at Windsor, Ontario

His Honour Lieutenant-Governor Albert E. Matthews officiated at the opening of the new quarter-million dollar addition to Grace Hospital, Windsor, on January 17th.

The new wing, comprising 70 beds and 53 bassinets, brings the capacity of Grace Hospital up to 253 beds. Included in the wing, besides the beds and nursery mentioned, are dining rooms for nursing and general staffs, three delivery rooms, a library and lounge rooms. It is planned to include an operating room and an x-ray and military section in the new wing.

THIS RAPID TUMBLER DRYER

Is Needed in Every Hospital Laundry

Rapid Loading—Rapid Drying—It Speeds up the laundry work—No waiting for clothes to dry.

No. 2 Rapid Tumbler Dryer — capacity 26 pounds of dry clothes in 30 to 45 minutes. Cylinder 36" diameter, 24" deep. Supplied with steam, electric or gas heater.

No. 3 Rapid Tumbler Dryer — capacity 32 pounds. Cylinder 36" x 30". Equipped with gas or steam heater only.

No. 3 costs only \$438.00
No. 2 costs only \$400.00
(less sales tax to hospitals on Govt. list).

Write for catalogue and price list
of Complete Laundry Equipment.

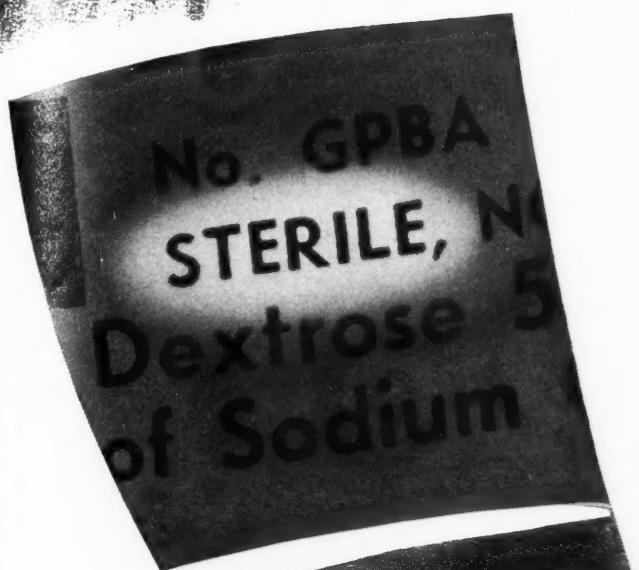


J. H. CONNOR & SON LIMITED
10 LLOYD STREET WINNIPEG 242 Princess St.
OTTAWA, ONTARIO
MONTREAL 423 Rachel St. E.

Uniform Quality
SOAPS & GLYCERINE

LABORATORY CONTROLLED

COLGATE-PALMOLIVE-PEET COMPANY LIMITED
TORONTO VANCOUVER MONTREAL CALGARY QUEBEC CITY WINNIPEG MONROVIA



**"containing no
micro-organisms"**

On every Baxter Vacoliter the reassuring word "sterile" appears. Baxter Solutions, tested with scientific certainty before shipment to you, are kept sterile by the Baxter Vacoliter. Baxter Transfuso-Vacs, Centri-Vacs, and Plasma-Vacs are similarly tested and their sterility insured.

Such safeguards, and Baxter's simple, convenient technique contribute to a trouble-free parenteral program. No other method is used by so many hospitals.

Manufactured by
BAXTER LABORATORIES, INC.
Glenview, Illinois; Acton, Ontario; London, England



Write Us for Further Information
SOLE CANADIAN DISTRIBUTORS

INGRAM & BELL LIMITED

TORONTO - MONTREAL - WINNIPEG - CALGARY



Pharmaceuticals, Surgical
Instruments, Physicians,
Hospital and Laboratory
Supplies.

The Hospital Speaks

(Continued from page 25)

dividual knowledge employed by a physician or surgeon. Is the patient made to realize that his hospital bill is based upon factors that differ widely from the factors that determine his doctor bill? Upon his understanding of this rests the spirit with which he pays that bill and his support of the present hospital system.

If the administrator could further follow the patient after this first most important hospital-relation, he could sense the patient's reaction to the elevator operator, the condition of the building and the spirit with which work is accomplished by nurses and employees; and he would perhaps acquire a more complete understanding of what is meant by public relations.

If the administrator could share the room with the patient and observe the manner in which the nurse performs her duties, he would get a better understanding of what a patient wants or feels he has a right to when he is in the care of the

nurse. Sometimes a cheerful smile and a pleasant manner can be as good as medicine.

Sick people are sometimes irritable—a lack of physical activity is often accompanied by a static mental condition. The patient becomes self-centred. His natural instinct for self-preservation is aggravated by his inability to better his position. He is undoubtedly a problem to the employees and to the professional staff who have many, many other patients and administrative concerns to occupy their time and mental energies. So, too, is the visitor a problem. It is difficult for someone with an immediate relative in physical danger to comprehend completely the need for efficient systems and precautionary measures employed by the hospital to ensure the welfare of the patient.

Make Rules Palatable

Even though the administrator and the employee understand the need for stringent methods of treatment and for visitor control, this does not necessarily mean that the patient or the visitors appreciate these controls.

Instead of presenting the reason for these things in a negative "do not" way, present them in a positive way, "for your protection," "for your convenience," "to ensure your welfare," and other warm emotional approaches to situations that can cause trouble.

If the administrator could follow the patient throughout the institution he might realize that quite often hospital personnel, to protect themselves against constant emotional turmoil, become inured to suffering and anxiety. We realize that such a defense is necessary both to efficient functioning and to balanced peace of mind. But the hospital speaks to the patient and to the visitor through the acts of its employees and its systems of procedure and practices. Perhaps it might be a good idea if the administrator were to analyse the procedure and practices of his institution in relation to their effect on the public.

Make Friends Before Sickness Comes

By recognizing the inflamed emotional state of the patient and the visitor, it is possible to see the dan-

Fresh Juice Approximation is our Business

SUNFILLED

pure concentrated

ORANGE and GRAPEFRUIT JUICES

are products incomparable for flavor fidelity, food value retention and uniformity made possible by scientific control facilities and exclusive processing methods.

ASSAYS AT EVERY MAJOR STEP OF PRODUCTION DETERMINE—

- Sugar-to-acid ratio of fresh, tree-ripened fruit from the groves
- Proper blending of sweet and sour juices for year 'round product constancy
- Standardization of flavor, vitamin C fraction, nutritive values as compared with freshly squeezed juice
- Control of indigestible peel oil content to meet dietary requirements in postoperative and infant feeding.

Sunfilled Products . . . free from adulterants, preservatives or fortifiers . . . offer economies in time, labor, storage space and money that contribute to their coast to coast popularity.



ORDER TODAY and request price list on other Sunfilled quality products

CITRUS CONCENTRATES, INC.

Dunedin, Florida

Canadian Representatives: Harold P. Cowan Importers, Ltd., 58 Wellington St. East, Toronto 1

ger that arises from not speaking to the public until it needs the hospital's care. Apprehensive, worrisome, mentally and physically weak, the patient is not in a proper frame of mind to evaluate the hospital's efforts in his behalf. He is concerned, perhaps for the first time in his life, with the possibility of death. His visitors, chiefly his family and immediate friends, also enter the hospital at a time when their emotions are deeply coloured by anxiety and fear. Despite what can be done within the hospital itself—and much can be done as we have seen—this is not the proper time to begin acquainting the public with what the hospital is, what it does and how it serves the community.

The only organization within the community that deals with the basic principles of life and death cannot—if it hopes to employ good public favour—wait until death is imminent to begin its job of educating its community. Proper public education will assist the hospital to perform its duties to the public by clarifying in the public mind the principles that have developed and guided the hospitals out of the Middle Ages, through the pesthouse era and into the modern, well-equipped centre of scientific and humanitarian care.

Planned Press Programme

A planned press relations programme can ensure newspaper support of the hospital's aims and accomplishments. The use of radio can interpret to the public the many and widely varied services performed by the hospital. Publication of a house organ or hospital periodical will be, in effect, a bridge between the hospital and the community across which the administrator can carry messages of information and ideas. Printed booklets can supplement the use of radio and newspapers in bringing more specific detail to those elements of the public that are of particular value to the administrator and his institution. These are the methods of communication with the public that the administrator can plan.

The American Hospital Association has heeded the desires of the majority of its members and has embarked upon a programme of public education and public relations. Its Council on Public Relations has been performing a three-fold function:

LOOK

beneath the surface for in-built quality and outstanding value!

HERE'S WHY THE BARUCO PLASTIC TRAY

Stands up!



Baruco Plastic Trays have stamina! They are built to give continuous service month in and month out under the roughest handling. The secret of their toughness—their tremendous impact strength—is a unique construction of many layers of IMPREGNATED COTTON FABRIC (see illustration) molded to shape under high pressure.

Baruco Plastic Trays will not bend, chip, shatter or discolor. They are superior in EVERY WAY to cheaply constructed laminated paper or scrap-filled trays, and seldom need replacement!

3 Sizes Now Available

We are in a position to produce limited supplies of the 14" x 18" and 15 $\frac{3}{8}$ " x 20 $\frac{3}{4}$ " rectangular trays and the 12" round trays.

Send for Free Illustrated Folder.

Barringham

RUBBER COMPANY LIMITED

OAKVILLE, ONTARIO, CANADA

assisting member institutions in planning local public relation programmes, doing public education for the Association and its members as a whole, and in general increasing the public understanding of our present hospital system.

It is within the province of each administrator to determine to what extent he or she wishes to become active in the planning of his institution's activities.

Our Council on Public Relations is at your service. We are in your employ to assist you to the best of our ability. It is true that we must confine our activities in the main part to what will be of benefit to a preponderance of our members, but we are rapidly arriving at the point where we can spend more time upon individual requests for assistance.

It is by its services that the hospital communicates its ability to be of real value to the community. If the administrator chooses to think of his position as one of attendance upon functioning details, his time will certainly be completely occupied; but it is becoming increasingly necessary that those in charge of our hospitals

accept the responsibility of *planning* these activities so that they are compatible with the fundamentals of good public relations. You are these people—and it is you who will decide in what way your hospital speaks to your community.

Book Awards in Nursing Education

With awards totalling \$1,500, the McGraw-Hill Company is announcing a contest for the three most outstanding manuscripts on nursing subjects submitted before *March 15, 1946*. The first prize will be \$1,000, second prize \$400 and third prize \$100.

John S. Crossman, manager and editor of the health education department of the company, says that in offering these awards the company intends to emphasize the importance of authorship in conjunction with other nursing pursuits, and to reward those who in these trying times record their experiences for the benefit of others. The contest is open to any nurse in any country. Persons in other professional fields are en-

couraged to participate, but manuscripts must be written in English and be on nursing subjects.

Manuscripts submitted should be publishable in book form as texts or reference works and should contain not less than 50,000 words. Complete details may be obtained by writing to the Health Education Department of the McGraw-Hill Book Company, Inc., 330 West 42nd Street, New York 18, N.Y.

Whole Blood Quota Raised

In his talk on the Army Hour broadcast over the National Broadcasting Company Network, Major General Paul R. Hawley, Chief Surgeon of the European Theatre of Operations, said that the pre-invasion estimate of blood transfusions of one pint for every five wounded men was too low. "Battle experience," he said, "has shown that we must have one pint for every two casualties."

Five special centres have been set up on the East Coast and three on the West Coast where "O" type blood is collected and flown daily to the theatres of operations.

Saphelle POWDER (P.C.P. Act. 82)

EXTERMINATES ROACHES - SILVERFISH - ANTS

● **WARTIME USE OF SAPHELLE POWDER** has proven it to be one of the cheapest and most effective Roach Killers known. Easy to apply, it remains active indefinitely.

FREE EXTERMINATOR SERVICE

You are invited to take advantage of the wealth of experience acquired by our Entomological Engineers on problems of Insect Extermination in all parts of Canada. Write outlining your problem and you will receive detailed advice. There is no obligation attached to this service, whatsoever.

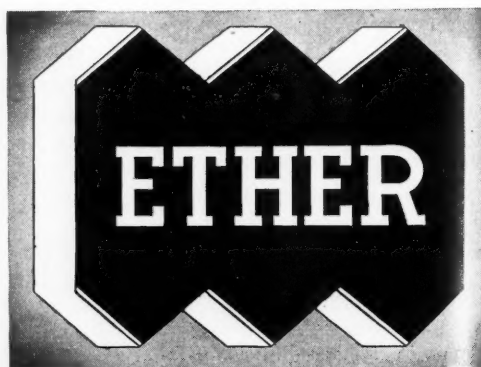
SAPHELLE is made by the makers of all other Sapho Products and is sold in 50-lb., 100-lb., and 250-lb. quantities, as well as in smaller packages for domestic use.



The Kennedy Manufacturing Co.
112 McGill Street MONTREAL

QUEBEC OTTAWA TORONTO WINNIPEG VANCOUVER

Confidence!

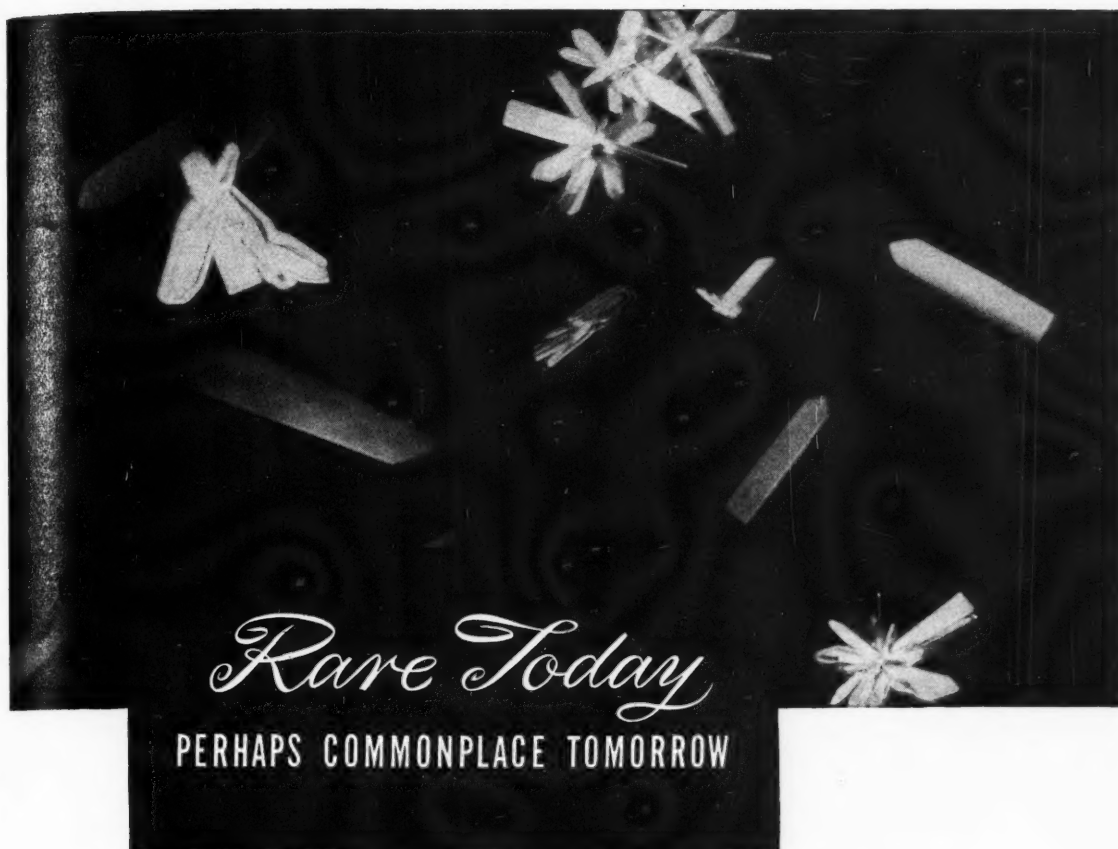


MALLINCKRODT CHEMICAL WORKS LIMITED

MONTREAL

TORONTO

PLANT AT LASALLE, QUE.



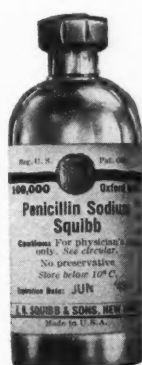
Rare Today
PERHAPS COMMONPLACE TOMORROW

In the course of studies at The Squibb Institute for Medical Research, Drs. Wintersteiner and MacPhillamy were the first in 1943 to obtain crystals of penicillin sodium. These crystals have an activity of 1650 Oxford units per mg.

At the present time, methods of obtaining crystalline sodium penicillin result in yields too small for general clinical use. However, crystals of penicillin sodium are used as the standard in the assay of all penicillin sodium preparations.

The discovery of a method of obtaining these crystals is but one of many Squibb contributions to penicillin development. Squibb Penicillin was one of the first three brands made available, in January 1942, to the Office of Scientific Research and Development. Since then, it has been supplied continuously under government allocation.

The present production capacity of Squibb Penicillin Sodium is among the largest in the world.



PENICILLIN SODIUM SQUIBB

Now available in rubber-stoppered vials — double-sealed — for stability and convenience.

For literature write
36 Caledonia Road, Toronto

E·R·SQUIBB & SONS OF CANADA, Ltd.

Manufacturing Chemists to the Medical Profession since 1868

Book Reviews

PATIENTS HAVE FAMILIES—By Henry B. Richardson, M.D., F.A.C.P., Associate Professor of Clinical Medicine, Cornell University Medical College. Pp. 408. Price \$3.00 (U.S.A.). Published by the Commonwealth Fund, 41 East 57th Street, New York 22, N.Y. 1945.

The factual background for much of the material used in this very interesting book is the Family Study conducted co-operatively by the faculties of public health, medicine and psychiatry of Cornell University Medical College, the New York Hospital and its Social Service Department and the family service and department of educational nursing of the Community Service Society. The purpose of the Family Study was the "better understanding of the family as a unit in medical care".

It is Dr. Richardson's contention—well supported by illustrations drawn from the Study and from his own wide practice—that the mental and emotional, as well as the physical, ills of the patient must receive treatment if the cure is to be complete and permanent. Uncertainties and conflicts in family life, whether acknowledged or hidden, contribute in large part to slowness of recovery and to apparent non-co-operation in following out the recommendations of the physician.

Co-ordination of services and co-operation between the different agencies and individuals interested in the patient's welfare is stressed through-

out. The doctor, the hospital, the medical social worker, the social welfare worker, the public health nurse—each must contribute his share towards the patient's recovery.

* * *

INSTITUTIONAL COST ACCOUNTING—By Walter O. Harris, C.P.A., Chief Accountant, Public Administration Service of Chicago. Pp. 153. Price \$3.00 (U.S.A.). Published by Public Administration Service, 1313 East Sixtieth Street, Chicago, 1944.

An exemplification of the system installed in 1940 at the Eloise Hospital and Infirmary, Wayne County (Detroit, Michigan), an institution caring for as many as ten thousand inmates; psychiatric and somatic; acute and chronic; bed and ambulatory; and out-patients. The book is well written and concise. It contains illustrations of the various forms used, describes detailed procedures for obtaining a complete analysis of costs, direct and indirect, and contains much information of value to the student of cost accounting interested in large and complex institutions.—Percy Ward, *Inspector of Hospitals for British Columbia.*

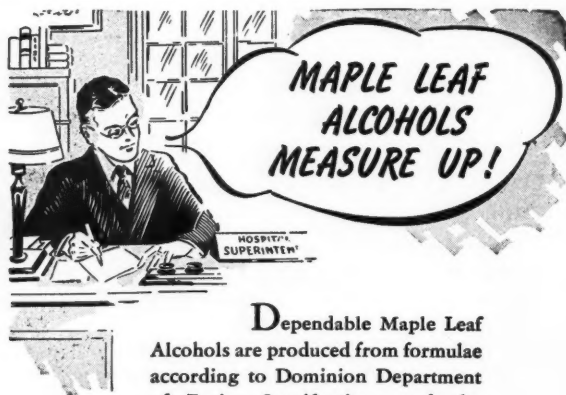
American Meetings Cancelled

A number of conventions called by various American associations have been cancelled at the request of the Office of Defence Transportation.

The annual mid-winter conference of officers of state and provincial hospital associations, called for February 9th and 10th, has been cancelled. The American Medical Association cancelled its annual meeting, scheduled for June, and also its mid-winter conference on Medical Education and Licensure, scheduled for February 12-13. The American College of Surgeons had arranged a series of regional war conferences similar to those of last year, to be held during March. These also have been cancelled, including a number planned for Canadian cities.

No word has yet been received as to whether or not the convention of the American Hospital Association, scheduled for Philadelphia during the week of September 30-October 5, will have to be cancelled. Meanwhile preparations are proceeding for a very fine programme for this meeting.

The Canadian Medical Association has not received any request to cancel its meeting in Montreal, June 11-15.



Dependable Maple Leaf Alcohols are produced from formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

These fine products of careful manufacture are tested precisely from raw materials to finished products.

MAPLE LEAF ALCOHOLS Medicinal Spirits, Iodine Solution, Absolute Ethyl B. P., Rubbing Alcohol, Denatured Alcohol, Anti-freeze Alcohol, Absolute Methyl.

**CANADIAN
ALCOHOL**

Montreal
Winnipeg



Toronto

**INDUSTRIAL
CO. LIMITED**

Corbyville
Vancouver

The Teller Test

FOR STERILIZER ACCURACY



THE STEVENS COMPANIES

TORONTO

CALGARY

MONTREAL

VANCOUVER

WINNIPEG

Prelude to *Successful Surgery*



RIB-BACK BLADES

are recognized the world over as possessing a degree of uniformity indispensable to the attainment of desired functional efficiency in surgery.

Each and every blade provides—

Uniform sharpness throughout the entire length of the cutting edge.

Uniform resistance to lateral pressure by virtue of the exclusive Rib-Back principle of blade reinforcement.

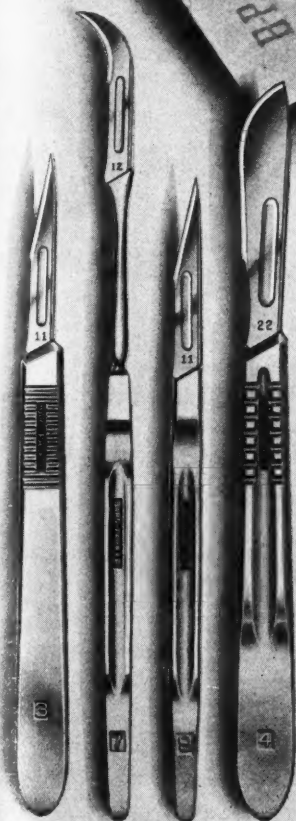
Uniform fabrication which insures firm and accurate attachment to Bard-Parker Handles.

Uniform pre-war qualities that have suffered no war-time change.

Ask your dealer

BARD-PARKER COMPANY, INC.

Danbury, Connecticut



A BARD-PARKER PRODUCT



Every Genital Sore— Possible Syphilis

The diagnosis of primary syphilis is a laboratory diagnosis, not a clinical one. Positive *darkfield examination* is conclusive. Clinical variations in primary genital lesions are great. Every genital sore should be submitted to darkfield examination. Provincial Health Departments provide specimen kits on request. Always keep a kit available. You'll find primary syphilis when and where you least expect.

* * *

"Hooks and Barbs"

Immediately before use, draw intravenous and intramuscular needles across sterile cotton. Minute hooks and barbs, which cause pain to the patient, will catch cotton fibres. Try another needle if the one you test catches fibres. Technical excellence keeps patients under treatment longer.

"The Doctor's Puritanical State of Mind"

Too many doctors still believe that nobody has syphilis except Negroes, prostitutes and criminals. Their own patients, failing to fall into one of these classes, are too well born, too moral, too well educated, too well to do to be infected. Too many doctors, surprising as it seems, still think of syphilis as a disgrace, not as a disease, and hesitate to suggest the necessary steps for diagnosis lest the patient's feelings be wounded. Too many, even if they do recognize syphilis, still think of it as well-earned punishment for sin, and do less than their part in administering or arranging for proper treatment."

—Dr. J. Earle Moore, Johns Hopkins Medical School.

Chess for Veterans

Chess players in Cleveland have worked out an interesting plan for entertaining veterans in hospital in that city. In a "chess to veterans" programme they have arranged regular visits to hospitals by groups of players to provide equipment, chess books and magazines and promote

interward tournaments. These visitors have received an enthusiastic welcome from the patients and the nurses.

A similar programme is under way in New York City, where the American Theatre Wing declares that "chess rates above all other hobbies and recreational activities of non-ambulatory patients in 17 government hospitals".

Sisters to Open New Hospital

A new 60-bed hospital will be opened at Tracadie, N.B., by the Hotel Dieu Sisters, to replace the building destroyed by fire three years ago. The opening is scheduled for early in the fall.

A separate wing will accommodate a small group of lepers who, since the fire, have occupied a residence formerly used by the medical superintendent.

In acute affections we concentrate upon the diseased organ, while in chronic affections we keep the general condition of the patient more in view.—Von Noorden.

Sterilizers De-Scaled Faster . . . Easier!

Keeping your sterilizers and autoclaves at peak operating efficiency is largely a matter of maintaining proper heat transfer. Lime-scale accumulations prevent this! But you can easily get rid of these insulating deposits quickly, safely . . . without dismantling equipment.

Do this . . . introduce into system recommended solution of Oakite Compound No. 32. Soak for required period, then neutralize and rinse. You will find deposits are speedily removed. Equipment surfaces are not harmed. Your sterilizers will perform more efficiently.

Free Service Report Gives Details!

Send to nearest address below for interesting FREE Service Report giving complete details for handling this important maintenance work.

OAKITE PRODUCTS OF CANADA, LTD.

J. J. FITZSIMMONS 65 Front St. E., Toronto, Ont. Tel. Elgin 7655
G. W. EMPSON 1 Van Horne Ave., Montreal, Que. Tel. Crescent 1143
T. W. DAY 1 Van Horne Ave., Montreal, Que. Tel. Crescent 1143
A. V. CORBIT 105 Windsor Crescent, London, Ont. Tel. Metcalf 3523-J



STERLING GLOVES

Featuring

The Best Materials that
Money Can Buy

Specialists in
Surgeons' Gloves
for Over 32 Years.



STERLING
RUBBER CO.

— LIMITED —

GUELPH - ONTARIO

The STERLING trade-mark as Rubber Goods guarantees all that the name implies.

Tests Show Cereal's Reliable Bulk Forming Effect

Recent dietary experiments conducted by a Mid-western U.S. university showed wide variations in relative digestibility of crude fibre from various nutritional sources. Kellogg's All-Bran was found more effective in bulk forming properties and laxative action than most of the fruits and vegetables studied—a fact of interest to doctors in treating cases of constipation due to lack of dietary bulk.

**Kellogg's
ALL-BRAN**

*Food-Type
Laxative*



FREE! HELPFUL SCIENTIFIC MATERIAL including details of experiments. Simply fill in coupon and mail to: KELLOGG COMPANY OF CANADA, LTD., LONDON, ONT.

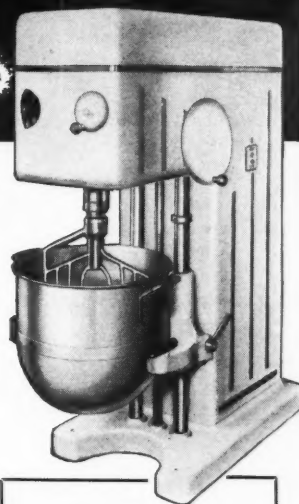
Name _____
Street _____
City _____ Province _____

FEBRUARY, 1945

BLAKESLEE-BUILT MIXERS ARE

Like a new helper

IN YOUR
KITCHEN



Magically — a Blakeslee-Built Mixer speeds food preparation in your kitchen. It's a versatile, hard-working non-salaried "helper". Use it to mix doughs, beat batters, whip icings, potatoes — and with attachments added to slice vegetables, chop meats, extract juices, shred nuts, grate cheese and do a hundred other helpful tasks.

- Any Speed (not just 3 or 4)
- No Gears to Shift
- Planetary Mixing Action
- Ball Bearing Construction
- 40% Less Wearing Parts
- Easy to Clean—Easy to Use

Blakeslee's "Planetary" mixing action—plus variable speed control—assures perfect mixing of every batch. . . . No gears to shift—no need to stop the beaters while choosing from only 3 or 4 speeds, as in other mixers. Merely set dial to ANY speed required.

Ball-bearing construction means smoother operation. 40% less wearing parts guarantees longer service and lower maintenance costs. Blakeslee Mixers are sized to meet needs of large or small restaurants, hospitals and institutions.

Write Today for Complete Information



Main Office and Plant:
Cicero Station, Chicago, Illinois

G. S. BLAKESLEE & CO., LTD.

1379 Bloor Street West

Toronto 9, Ontario

Early Days at High River, Alberta

On one occasion the doctor had waited around the farm of a faithful Mormon family for over twenty-four hours, expecting the arrival of the mother's eighth offspring at almost any moment. The next morning's sun arose, and all the pains of labour had flitted away. The exasperated doctor strolled down the road for two hundred yards to grind his teeth in lonely solitude. The even more exasperated husband had called in the Bishop of his church from the adjoining village, and the ceremony of the 'laying on of hands' was duly performed upon the patient's abdomen. The doctor was young and agile in those days, but alas! neither young enough nor agile enough for a record 200-yard dash—the baby was delivered before he could reach the bedside! "*Homo proponit, sed Deus disponit!*"

G. D. Stanley in the Calgary Associate Clinic "Historical Bulletin."

It is better to be wrong on sound principles than right by chance.—Hutchinson.

Health Insurance by '46

There is a possibility that national health insurance may be in effect by July 1st, 1946, stated the Hon. Brooke Claxton, Minister of National Health and Welfare, at a press conference on January 24th. He said that it should be possible to have a health insurance scheme ready for operation about the time doctors might be available by discharge from the Armed Forces for carrying out the provisions of the bill, say about July 1st, 1946. He expressed the opinion that contributory Old Age Pensions might be ready about the same time.

New Ontario Director of Child Welfare

The appointment of Mr. Bert Beaumont as Director of Child Welfare for the Province of Ontario was announced by the Hon. Dr. R. P. Vivian, Minister of Public Welfare. This is one of the first steps in a programme designed to co-ordinate the activities of the provincial Department of Public Welfare and will bring together in one unit all child welfare activities.

Mr. Beaumont is a veteran of the great war, a graduate of the School of Social Work, and has had 21 years' experience in children's work.

Price Trends (On basis 1926 = 100)

	Yearly Average 1943	Dec. 1943	Nov. 1944	Dec. 1944
Building and Construction Materials	121.2	126.7	127.4	127.6
Consumer's Goods (Wholesale)	97.0	97.7	97.1	97.0
(On basis 1935-1939 = 100)				
Cost of Living	118.4	119.3	118.9	118.5

SURGEONS BLESS THE SLEEP THAT BANISHES PAIN



You can depend on G. & W. ALCOHOLS
GOODERHAM & WORTS, LIMITED
TORONTO (Industrial Division) MONTREAL

TO TEMPT THE APPETITE OF ...

CONVALESCENTS

SUGGEST RENNET-CUSTARDS

Often it is a problem to include foods in the diet which appeal to a convalescent appetite, and at the same time are easily digested and nourishing. Rennet-custards made with the 6 flavors of "JUNKET" RENNET POWDER provide dozens of delightful variations, and often are the means of adding important nourishment.

FREE ... Ask on your letterhead for our new book:
"Milk and Milk Food in Diet Planning."

"JUNKET" RENNET POWDER
6 Flavors—Packed in institutional and household sizes:
"JUNKET" RENNET TABLETS
Not sweetened or flavored

"THE 'JUNKET' FOLKS"
CHR. HANSEN'S LABORATORY
Toronto, Ont.

"JUNKET" TRADE MARK RENNET POWDER

Bert
Wel-
tario
r. R.
Wel-
ps in
timate
De-
t will
child

of the
school
ed 21
work.

ce.
44
.6
.0
3.5

E

ok:
g."

R

SPITAL



SWEEPS CLEAN !

Dustbane has been 'cleaning-up' in leading industrial plants and public buildings for over 34 years. It's on the job with materials to cover every cleaning requirement — Sweeping Compounds, Waxes and Polishes, Disinfectants, Soaps, Floor Finishes, Equipment!

For details and prices write:

DUSTBANE

PRODUCTS LIMITED

OTTAWA • MONTREAL • QUEBEC • TORONTO • LONDON • WINDSOR
SAINT JOHN • HALIFAX • WINNIPEG • CALGARY • EDMONTON • VANCOUVER

353

FEBRUARY, 1945

77

Providing a dependable **COLLECTION SERVICE** to discriminating Hospital Executives and Professional Men throughout the Canadian West.

Full particulars and references submitted upon enquiry.



Winnipeg Offices, 4th Floor Avenue Bldg.

Collections Handled Anywhere. No Collection—No Charge.

**Encourage Your Employees
to Buy
War Savings Stamps
and Certificates**

**HOSPITAL
EQUIPMENT
AND FURNISHINGS**

**CONTRACT
SALES OFFICE**
• SIXTH FLOOR •

EATON'S - COLLEGE STREET
PHONE TR. 1257

Index of Advertisers

FEBRUARY, 1945

Abbott Laboratories Limited	45
Aetna Scientific Company	4
Ames Company, Inc.	60
Bard-Parker Company, Inc.	73
Barringham Rubber Co. Limited	69
Bauer & Black Limited	43
Baxter Laboratories of Canada, Limited	67
Blakeslee, G. S. & Co. Limited	75
Bland & Company Limited	18
Burroughs Wellcome & Company	14
Canada Starch Company Limited	6
Canadian Hoffman Machinery Co. Limited	IV Cover
Canadian Ice Machine Company Limited	59
Canadian Industrial Alcohol Co. Limited	72
Canadian Laundry Machinery Co. Limited	II Cover
Citrus Concentrates, Inc.	68
Clay-Adams Company, Inc.	64
Colgate-Palmolive-Peet Co. Limited	66
Connor, J. H. & Son, Limited	9, 66
Corbett-Cowley Limited	III Cover
Crane Limited	22
Davis & Geck, Inc.	49
Denver Chemical Manufacturing Company	62
DuPont, E. I. de Nemours & Co., Inc.	7
Dustbane Products Limited	77
Eaton, T. Co., Limited	53, 78
Fellowcrafters, Inc.	12
General Electric X-Ray Corporation	3
Gooderham & Worts Limited	76
Hanovia Chemical & Manufacturing Company	19
Hygiene Products Limited	59
Ingram & Bell Limited	67
International Nickel Co. of Canada, Limited	51
Johnson & Johnson Limited	61
Junket Folks Company	76
Kellogg Company of Canada Limited	75
Kennedy Manufacturing Co. Limited	70
Leeming Miles Co., Limited	65
Lilly, Eli & Company Canada Limited	5
Mallinckrodt Chemical Works Limited	70
McKague Chemical Co.	16
Metal Craft Co. Limited	15
Metal Fabricators Limited	20
Microfilm-Microstat Limited	57
Northern Credits Limited	78
Oakite Products of Canada, Limited	74
Ohio Chemical & Manufacturing Company	11
Oxygen Company of Canada, Limited	11
Reckitt & Colman (Canada) Limited	10
Singer Sewing Machine Company	13
Smith & Nephew Machine Company	8, 55
Squibb, E. R. & Sons of Canada Limited	71
Sterling Rubber Co. Limited	74
Stevens Companies, The	72
Surgical Supplies (Canada) Limited	17
Upjohn Company, The	21
Victor X-Ray Corporation of Canada, Limited	3
West Disinfecting Company	63
Whitlow, Fred J. & Co. Limited	60
Wood, C. H. & Co. Limited	47

rs

.....	45
.....	4
.....	60
.....	73
.....	69
.....	43
.....	67
.....	75
.....	18
.....	14
.....	6
Cover	
.....	59
.....	72
Cover	
.....	68
.....	64
.....	66
.....	2, 66
Cover	
.....	22
.....	49
.....	62
.....	7
.....	77
53, 78	
.....	12
.....	3
.....	76
.....	19
.....	59
.....	67
.....	51
.....	61
.....	76
.....	75
.....	70
.....	65
.....	5
.....	70
.....	16
.....	15
.....	20
.....	57
.....	78
.....	74
.....	11
.....	11
.....	10
.....	13
8, 55	
.....	71
.....	74
.....	72
.....	17
.....	21
.....	3
.....	63
.....	60
.....	47

PTAL